

This form shall be completed and submitted by the Agency Liaison to update the following:  
 > Add or Delete a cardholder or group account from the reviewer/allocator's access  
 > Change to the reviewer/allocator's role assignment

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO [Creditcards@dfa.arkansas.gov](mailto:Creditcards@dfa.arkansas.gov)

**\*Required Fields**

**Reviewer Information**

*Last Name	*First Name	Middle Initial	*AASIS Personnel #	*Last 4 digits of SSN:
* Agency Business Area (4digits)	*Agency Name		* User ID	

**Role Update (Check each that apply)**

<input type="checkbox"/>	Review (Proxy Reconciler or Secondary Cardholder)	<input type="checkbox"/>	Cardholder (Allocate Only)
<input type="checkbox"/>	View Only (Includes Reporting)		

**Specific Cardholder Accounts to be Reviewed by the Applicant**

* Add or Delete	* Last 4 digits on Cardholder Account	* Name on Cardholder Account

**Specific Managing Accounts to be Reviewed by the Applicant. (if the reviewer needs access to all cards under a specific managing account). This may include Division and Department Numbers.**

* Add or Delete	* Business Area 4 digits	* Group Name	* Division Number 5 digits	* Dept Number 4 digits

I understand and accept full responsibility as an Agency Reviewer to review and/or reallocate all accounts assigned to me and verify all transactions have been approved on a weekly basis.

*Employee Signature:		*Date
*Liaison Name:	*Liaison Signature:	*Date
*Approving Manager Name:	*Approving Manager Signature:	*Date

DTSS CREDIT CARD SECTION USE ONLY

Signature:	Date Completed:
------------	-----------------