

FFTA Account Request Form

Please return both pages to the Office of Development or fax to 569-8633.

First/Middle/Last name	T-number
Email address	Office phone
Department/College	Title

Please check all requested security levels:

- | | |
|---|---|
| <input type="checkbox"/> Initiator
Initiate account forms and Payment Authorization Requests on behalf of your department/division. | <input type="checkbox"/> Account Signer
Sign off on Payment Authorization requests and account forms. |
| <input type="checkbox"/> Department Head
Sign off on Payment Authorization requests. | <input type="checkbox"/> Department Head Proxy
Sign off on Payment Authorization requests on behalf of a department head. |
| <input type="checkbox"/> Division Head/Dean
Sign off on Payment Authorization requests. | <input type="checkbox"/> Division Head/Dean Proxy
Sign off on Payment Authorization requests on behalf of a division head/dean. |
| <input type="checkbox"/> View Only
View account information, account forms, and Payment Authorization Requests. | <input type="checkbox"/> System Administrator
Add/modify user and account information. |

Please sign your name inside the box to the right. This will be the signature used in FFTA for printable PDF forms.

Signature

Date

Department head signature

Date

Foundation Funds Transfer Administration (FFTA)
Use and Confidentiality Agreement

Records stored in and processed through the FFTA system may contain confidential, proprietary and privileged information. Unauthorized disclosure or use is prohibited. To maintain the integrity of the information contained in the FFTA system, users will adhere to applicable federal and state laws regarding privacy as well as maintain the guidelines listed below.

Unauthorized use of information in files maintained, stored, controlled, or processed in the FFTA system is strictly prohibited.

Seeking personal benefit, allowing or aiding others to benefit personally or to divulge, in any way, knowledge of any confidential information that has been obtained in the scope of employment is prohibited.

Exhibiting or divulging the contents of any record or report to any person except in the scope of employment and in accordance with applicable policies and procedures is prohibited.

Knowingly including or cause to be included, false, inaccurate, or misleading information is prohibited.

Every person is responsible for his or her assigned user-ID and password and these are not to be shared with anyone else. No one shall use another person's user-ID and password.

Any violation or knowledge of a violation of this code will immediately be reported to the employee's supervisor and may lead to account suspension and further disciplinary action by UALR.

My signature denotes that I have read and understand this confidentiality agreement and agree to abide by its terms.

I _____ have signed below stating that I have read and intend to comply with this policy.

Signature/T#

Date