

OKLAHOMA STATE TREASURY  
ONLINE USER ACCESS FORM

**Section A – USER INFORMATION**

Add                       Change                       Delete

User-ID: \_\_\_\_\_ (If action is Add, User-ID will be assigned by OST)

Agency Number: \_\_\_\_\_ Date Requested \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Required\_\_\_\_/\_\_\_\_/\_\_\_\_

User Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Inter-Agency Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**Section B – USER ACCESS**

ACES                                      Yes  No  (If yes, complete attachment A)

PayCard                                      Yes  No  (E-Mail Address Required)

Deposit                                      Under Construction

AR Inquiry                                      Yes  No  (If yes, complete attachment B)

Agency Statements Activity              Yes  No  (If yes, complete attachment B)

Check Register Activity                      Yes  No  (If yes, complete attachment F)

Image View Access                              Yes  No  (If yes, complete attachment E)

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**SECTION C – AGENCY APPROVAL**

\_\_\_\_\_  
Chief Financial Officer (CFO)

\_\_\_\_\_  
CFO Signature

\_\_\_\_\_  
E-Mail Address (CFO)

**In the case of needing a password reset, we will require you to answer one of the following**

Mother's maiden name               Favorite pet               Place of Birth

Your answer: \_\_\_\_\_

\*If the CFO is one of the persons to have access, the Agency Head must sign this form.

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**SECTION D – TREASURY COMPLETION**

Department Approval \_\_\_\_\_

Completed by I.S. \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to:

Oklahoma State Treasury, State Capitol, Room 218, Oklahoma City, Oklahoma 73105  
Attn: Donnie Allensworth, Training Specialist                                      (405) 522-4256