

To: \_\_\_\_\_ Regional Financial Center  
Financial Management Service



From:

Subject: Federal Program Agency (FPA) Discontinuance of SPS

This is to advise that \_\_\_\_\_ (FPA name) will discontinue use of the Secure Payment System (SPS), effective (MM/DD/YY). Our four-character SPS FPA-ID is \_\_\_\_\_.

*Please answer the questions below by placing a checkmark in the appropriate boxes:*

Will the SPS activity that your FPA currently perform be performed by an FPA that is organizationally related to your FPA? (E.g., your SPS work is being absorbed by or centralized into another entity at your agency.)

- Yes
  - o If "Yes", what is the SPS 4 character FPA-ID of the cross-servicing agency?  
\_\_\_\_\_
- No

Will the SPS activity that your FPA currently perform be performed by an FPA that is **not** organizationally related to your FPA? (E.g., your agency has entered into a cross-servicing agreement with another agency.)

- Yes
  - o If "Yes", what is the Organization's name \_\_\_\_\_ and FPA ID? \_\_\_\_\_
- No

What ALCs (Agency Location Code(s)) does your FPA use for SPS?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your Organization plan to discontinue (shut down) the use of these ALCs?

- Yes
  - o If "Yes", please specify which one(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please coordinate with Crystal Madison, FMS/Government-wide Accounting (202-874-7752) to discontinue the ALC(s) above*

- No

By Opting out of using SPS, will any of your resources continue to use other FMS Applications?

( Please circle one)      **Yes**      **No**

**\*If "Yes", please list those applications.**

If "No", FMS will need updated 210s to reflect that your FPA will not need any more user accesses for any FMS Application.



*To better serve our SPS User Community, please take a moment to address the 5 items below;*

1. On a scale of 1 to 10, (1 being the lesser, 10 being the greatest ), please rate the “Ease of use” for SPS \_\_\_\_\_
2. On a scale of 1 to 10, (1 being the lesser, 10 being the greatest), please rate the Customer Support you’ve received from FMS for SPS \_\_\_\_\_
3. On a scale of 1 to 10, (1 being the lesser, 10 being the greatest ), please rate your overall experience with SPS \_\_\_\_\_
4. Did SPS satisfy your business need(S)? \_\_\_\_\_  
**\*If no, please explain.**
5. If you would like to provide any additional feedback or if you would like to bring attention to any other SPS matter, please do so here or feel free to contact your FMS Servicing Regional Finance Center (RFC).

**If at anytime your Agency elects to re-enroll in SPS, please contact your Servicing Regional Finance Center.**

Please sign and date below along with a witness from your agency.

- (your signature) \_\_\_\_\_ Date \_\_\_\_\_
- (your Title) \_\_\_\_\_
- (witness’s signature) \_\_\_\_\_ Date \_\_\_\_\_
- (witness’s Title) \_\_\_\_\_