



Treasury Check Information System (TCIS) Supervisor Request Form

Please type or legibly print information

- Check one box: New Request Update Revoke
 Name Change Email Address Change

Section I – New Supervisor Information

Name: _____
(First, Middle Initial, Last)

Organization/Agency Name: _____

ITIM User ID (If applicable): _____ Work Phone: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Signature: _____ Date: _____

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C., Section 301, 5 U.S.C., Section 3105, 44 U.S.C, 18 U.S.C. 3056), AND THE Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.

TCIS Supervisor Enrollment Form
Updated: 05/14/13

Email this signed registration form to the Treasury Support Center at TCIS_TSC@stls.frb.org or fax to 1-866-707-6574