

Auburn University
Authorization Form for Users -Touchnet

Employee Name: _____

Employee Email Address: _____

Employee telephone #: _____

Department: _____

Date: _____

Check the type of system and role needed:

Payment Gateway

Marketplace

Accountant

Cashier

Bursar

Process Credit (Supervisor only)

Administrator

Cashiering

Cashier

Cashier Supervisor

CME User

Executive Administrator

Office Administrator

Reporting User

Web Department Deposit Administrator

Authorized by: _____ Date: _____

(MDRP-Merchant Department Responsible Person or Dept. Head)

Please forward form to one of the following:

Leslie King-Smith

lsk0006@auburn.edu

120 OD Smith Hall

La Rue Godfrey

godfrlb@auburn.edu

120 OD Smith Hall

Completion date:
Employee:

Originals will be kept at the Office of Cash Management