

## UChoose Rewards Administrative Access

## Card Services

Client Name: \_\_\_\_\_ Logo/FIID: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

For any updates needed to administrative access for UChoose rewards, please complete the information below, sign, and fax completed form back to 503-274-6619, or email to [UChooseRequests@fiserv.com](mailto:UChooseRequests@fiserv.com).

For Adds and Updates for existing users, please provide the names and applicable user levels for each person.

USER LEVEL	DESCRIPTION
Program Administrator	Client access to their programs. Includes Program Management, Cardholder Management, Force a Score, and Grant Mass Bonus.
CSR1	Access to Cardholder Management, Force a Score, and Grant Mass Bonus.
CSR2	Access to Cardholder Management only.
Marketing	Client access to a limited view of Program Management (General Information and Design) so they can make cardholder website design updates. This role can be given in addition to the CSR levels if needed.

Action:

User Name:

User Level:

_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing
_____	_____	<input type="checkbox"/> PA	<input type="checkbox"/> CSR1	<input type="checkbox"/> CSR2	<input type="checkbox"/> Marketing

Please provide the contact information of the Primary Security Administrator at your institution. Our security department will contact this person with the logon ID's and passwords assigned to your users.

○ Name: \_\_\_\_\_

○ Email: \_\_\_\_\_

○ Phone: \_\_\_\_\_

### Client Authorization:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_