Primary Security Administrator (PSA) Request

Client Name: _____   Logo: _____

Requestor Name: _____   Date: _____

Email: _____   Phone: _____

Your institution can have only one Primary Security Administrator. Once established this user must be maintained by a Card Services Security Administrator. Please select the appropriate request type and enter all associated information:

To Designate PSA

Note: The individual you designate as PSA on this form must already have a token user ID set up in the User Administration application.

☐ Establish PSA as   or   ☐ Change PSA to:

Name: _____

Token User ID: _____

Email Address: _____

To Manage PSA Tokens

☐ Request a Soft Token   Confirm Email Address: _____

☐ Assign an existing token to the PSA

    Token Serial Number: _____

    Note: If the token serial number provided is currently assigned to another user, that user's record will be deleted.

☐ Replace the PSA's current token

Reason for replacement: ☐ Failing   ☐ Not functioning   ☐ Lost or Stolen

Shipping Address (no PO): _____

City, State, Zip: _____

Comments:

Primary Security Administrator: Fax completed and signed form to 503-274-6619.

Institution is solely responsible for use or misuse of any Security Tokens provided, and for establishing the extent and effectiveness of the institution's security administration program for access to Client Central systems.

Security Manager's Name Printed	Security Manager's Signature	Date

For Internal Use Only:

Information Security Administrator:

Print Name	Signature	Date

Implementation Security Administrator:

Print Name	Signature	Date