



# 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.*

Supervisor for following TCIS users:

**TCIS Supervisor Enrollment Form**  
**Updated: 05/14/13**

Email this signed registration form to the Treasury Support Center at [TCIS\\_TSC@stls.frb.org](mailto:TCIS_TSC@stls.frb.org) or fax to 1-866-707-6574