CENTRAL PAYROLL BUREAU  
DEPOSIT ADVICE REPORT  
SECURITY FORM

AGENCY PAYROLL CODE ________________ AGENCY NAME ________________________________

USER ACF2 LOGON ID ________________ USER NAME __________________________________________

USER SIGNATURE ______________________ PHONE NUMBER ________________________________

E-MAIL ADDRESS ________________________________________________________________

RMDS ACCESS TO RG PAYROLL DEPOSIT ADVICE REPORT – This authorizes access to view
information contained in the Report Management and Distribution System for deposit advice information for
Regular payroll system employees. If access is needed for the whole agency, put a check mark on the line
next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is
authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS ________________________________

RMDS ACCESS TO CT PAYROLL DEPOSIT ADVICE REPORT – This authorizes access to view
information contained in the Report Management and Distribution System for deposit advice information for
Contract payroll system employees. If access is needed for the whole agency, put a check mark on the line
next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is
authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS ________________________________

I hereby give authority to this employee for the access listed above.

___________________________________________________                        _____________________________
Appointing Authority           Date    Title

___________________________________________________           ______________________________
Name  (Please Print)                      Phone Number

Forms should be sent to the following address:

Central Payroll Bureau  
P. O. Box 2396  
Annapolis, Md. 21404-2396  
Attn: IT Manager  
Questions: 410-260-7356

CPB SECURITY OFFICER    DATE