

Administrative Requests Form

For MIP Fund Accounting or Fundraising 50 on Cloud Offering

(Non-Chargeable Requests)

The purpose of this form is to request Abila, Inc., (“Abila”) to process non-chargeable administrative requests for your Abila Cloud product.

**Please note that a Support case needs to be established prior to submitting this form.** Please contact Support at 800-945-3278 to create a case which needs to be indicated in the appropriate field below.

**Case Number:**

Before this request will be processed, a Support Analyst must first verify that the requestor is an Administrator in the hosted application. This validates that the requestor has the proper authority to make the request. Thank you.

**Product:       Organization Name: Account #:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Add user account(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **User Logon Name** | **Email Address** | **Assigned Security Group(s) and/or Microix, Drillpoint access** | **Effective Date** |
| *Smith* | *Adam* | *Adam.Smith* | *Adam.Smith@your.org* | *Accounting, Payroll* | *10/31/2020* |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

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[ ]  Remove active directory user account(s)

Examples

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Effective Date** |
| *Smith* | *Adam* | *10/31/2020* |
|   |   |   |
|   |   |   |
|  |   |   |

[ ]  Add/Remove security group(s)

|  |  |  |
| --- | --- | --- |
| **Add/Remove** | **Security Group** | **Effective Date** |
| *Add* | *Administration* | *10/31/2020* |
|   |   |   |
|   |   |   |

[ ]  Assign user(s) to security group(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Add/Remove** | **Last Name** | **First Name** | **User Logon Name** | **Security Group** |
| *Remove* | *Smith* | *Adam* | *Adam.Smith* | *Payroll* |
| *Add* | *Smith* | *Adam* | *Adam.Smith* | *Administration* |
|   |   |   |   |   |
|   |   |   |   |   |

By signing this document, I authorize Abila to process the administrative requests on this form.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:       Title/Position: