

Institution Admin. / Bill Pay Request for CPG MAP system

Episcopal Org. Name / City & CPG Client #:

This form is to be completed by two ranking officials of the church/organization to grant MAP administrator and / or online bill paying rights to a volunteer, non-benefit eligible employee or other non-executive level staff person. Please use discretion when assigning rights as those individuals will have access to the institutional information and sensitive financial and health data of employees. CPG and the Diocese encourage each organization to review their Administrator list at least once per year to add or remove individuals as appropriate.

PERSONAL INFORMATION (All data fields are required for multi-factor identification / security screening)

Legal Name (last, first): _____ SS# or TIN: _____

Title (circle one) The Rev., Ms., Mr., Mx. Date of Birth (mm/dd/yyyy): _____ Gender: _____

Current role of person named above (ie: warden, treasurer, bookkeeper): _____

Home Street Address: _____

Home City, State, Zip: _____

Cell Phone:(_____) Inst. Phone:(_____)

TWO EMAILS REQUIRED

Personal Email: _____ Business Email: _____
Must be unique to individual – not shared with another or used by a previous employee Must be unique to individual – not shared with another or used by a previous employee

Institution Approval Information (two signatures required)

We grant the above named person MAP access for:

Full admin rights to edit organizational information, employee updates & terminations BillPay rights

The above-named person will have access to private institutional information and employee data. We further understand that it is our responsibility to regularly review our institutional information with CPG to update/add/remove officers.

Rights Approved by Sr. Ranking Cleric or Officer:

(print name / position & sign): _____

Today's Date: _____ Phone: (_____) Email: _____

Rights Approved by 2nd Officer, Treasurer or other authorized agent known to Dio Finance Dept.:

(print name / position & sign) : _____

Today's Date: _____ Phone: (_____) Email: _____

Return completed form to Nancy Signore (nsignore@dioceseli.org) in the Diocesan Office. for processing. The above-named individual will soon receive an email from CPG to complete the steps for access to your institution's roster. Any question after this step can be directed to CPG admin line: 1-855-215-5990 M-F 8.30am-8pm