



RCAB Systems Access Request Form

Submit the completed form to HR@rcab.org

Effective Date:

Location Name:

ID Number:

Location Name:

ID Number:

Person Name:

Job Title:

Phone Number:

Email:

Does this contact replace a current contact:

Yes

No

If yes, indicate who:

Final Date:

Please select the boxes next to applicable applications: **ONLY SELECT APPLICATIONS YOU ARE REQUESTING ACCESS TO.**

Lay Benefits

BAS / MyEnroll - Benefits Administration
Monthly Invoice (limited to 1 individual)

Catholic Schools Office

Schoolopedia

Finance

Paylocity - Payroll
Net Teller

Sage Intacct

List Intacct Entity ID's:

Type of Access:

Terminate previous contact listed above immediately? Yes: No:

Parish Services

BA E-mail Address Access

BK E-mail Address Access

Support Ticket Portal

Stream Access

ParishSoft Application

Adaptive Budget Software

Approver name and Title*:

*Must be signed by someone in authority at the location.

Approver Signature*

NOTIFICATION FOR TERMINATION OF ACCESS ONLY:

Termination Date:

Please complete location, name and email address information above.

For Pastoral Center User Only:

BA Email Address:

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