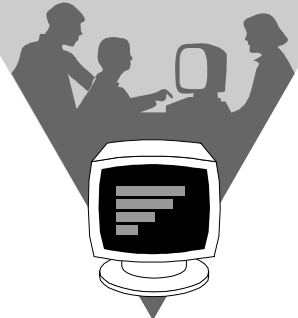


DATE _____

CIS ACCOUNT NUMBER _____

DEPARTMENTAL ACCOUNT
COMPUTING AND INFORMATION SERVICES (CIS) ACCOUNT REQUEST FORM
 Texas A&M University

THIS is a: New Request _____ OR a Change to CIS Account No. _____
 Requesting Department or Agency _____
 Account Description/Remarks: _____



❖ *This account will automatically renew on August 20th. A renewal notice will be mailed in June giving the account owner the opportunity to update or make changes to the account.*

FAMIS Funding Information

Part _____ Account _____ Support account _____
 Please enter an amount if you choose to set a spending limit. \$ _____ Note: Account will deactivate if charges exceed this amount.

One UIN is required, two or three is preferred to be authorized to view ONLINE BILLS

UIN: _____ NAME: _____
 UIN: _____ NAME: _____
 UIN: _____ NAME: _____

E-Mail notification will be sent to each person when bills are ready for viewing.

Billing Address

❖ *I believe to the best of my knowledge that funds are available to cover the cost of this account.*

Dept. Head or other authorized personnel

Name _____
 Signature _____
 Phone No. _____

OR

Requestor's Information / Acct Owner / Supervisor of this CIS Acct

Name _____
 Signature _____
 UIN _____ Phone No. _____
 E-Mail address: _____

Dept./Agency Account Authorization

Name _____
 Signature _____
 Phone No. _____

CIS USE ONLY:

CIS ACCT _____ AMOUNT _____ TOTAL AMOUNT _____
 REVISION CODE: N - New Acct. C - Close Acct. U - Update Acct.
 SIGNATURE _____ DATE _____

Return to: CIS Account Services * 3363 TAMU * Teague Bldg. Rm 1105.
E-mail address: account-services@tamu.edu * Phone no. 979-845-7223 * Fax no. 979-845-2074.