

Student and Finance Banner Accounts Receivable Authorization



McGill

Once completed, for Student AR Access, please email to: security-ar.finserv@mcgill.ca
For Finance AR Access, please email to: arforms.finserv@mcgill.ca

Section 1. Applicant Information

Name: (last name / first name)			
Position Title:			
McGill ID:		Banner ID:	
Email Address:		Phone No:	
Unit/Dept:			

Section 2. Access Requirements

This form should only be submitted once the access requirements have been met.

Pre-requisite training for Finance AR: GEN 300 and FIS 420.

Pre-requisite training for Student AR Query Access: OLC 394; Student AR Update Access OLC 394 and OLC 301

Finance AR

Please mimic access as another existing user:

McGill ID or Banner ID

- ☐ View Access ONLY
- ☐ Access to process invoices in Finance AR Update
- ☐ Miscellaneous Receipts (TFAMISC)*

Student AR

Please mimic access as another existing user: McGill ID or Banner ID

- ☐ Query Access
- ☐ Update Contracts (TSACONT)
- ☐ Update Student Accounts
- ☐ Update Exemptions (TSAEXPT)
- ☐ Web Internal Funding
- ☐ Update Miscellaneous Receipts (TFASMISC)

**** (To be used for billing departments who accept real-time payments in their point of sale system)***

- ☐ Access to Accounts Receivable Reports through Minerva Reports on the web (includes Student Societies' reports)

Please provide more details, such as report names: _____

The University is governed by the Act respecting Access to Documents held by Public Bodies and the Protection of Personal information which generally declares confidential the records, documents and information concerning staff and students. I agree to respect and enforce such confidentiality and not to use or distribute without authorization or to subvert any information to which I may have access during the performance of my assigned duties at McGill. I also agree to comply with the "Policy on Responsible Use of McGill Information Technology Resources". (For details: <https://www.mcgill.ca/it/training-how/policies>).

Applicant's Signature/Approval: _____ Date: (DD/MMM/YEAR)

Section 3. AUTHORIZATION - Unit Head or Supervisor

Name: (last name / first name)			
Title:		Phone No:	
Signature/Approval:			
	Date: (DD/MMM/YEAR)		

Section 4. Reserved for Student/Finance AR Office Use only

Date Received:		Initials:		Date Completed:		Initials:	
User Notified:		Initials:		Course(s) attended:			
Rule Class Group:				Detail Code Security:			
Banner Security Classes:							
Oracle Roles:							