

Archdiocese of Anchorage
REQUEST FORM FOR CONNECTNOW
(Username and Password)

Parish Name: _____

Address: _____

Access Requested for New Bookkeeper/User

Full Name: _____

Contact Phone: _____

E-Mail Address: _____

Type of Access: Full____ Read Only____

Access To: AP/GL____ Payroll____ AR____

Deactivate Prior Bookkeeper/User Access

Full Name of Prior Bookkeeper/User: _____

Deactivate Immediately or On this Date: _____

Pastor's Signature: _____

Please return this form ASAP to:

**Archdiocese of Anchorage
225 Cordova Street
Anchorage, AK 99501**

-Or-

E-Mail: kkelly@caa-ak.org & miscott@caa-ak.org

DO NOT WRITE BELOW THIS LINE

For Finance Office Use ONLY:

Username and Password Created: _____

Username and Password Created by: _____

Date Created: _____ Time Created: _____

Authorized by Pastor: _____

Date of Request: _____