

**Mississippi Management and Reporting System
PayMode e-Payment and e-Invoice Management Agency Maintenance Form**

Maintenance Action (Select only one)	
<input type="checkbox"/> Add Agency	<input type="checkbox"/> Update Agency <input type="checkbox"/> Delete Agency (Effective Deletion Date ____/____/____)

Agency Information	
Agency Name:	MAGIC Business Area:
Agency Address:	

Authorized FI/LO Security Contact		
Name: (Please Print)	Phone:	
Signature:	Date:	
Please complete and return this form to: Dept. of Finance and Administration/MMRS MMRS Security Administrator 210 East Capitol Street 1400 Regions Plaza Jackson, MS 39201	Fax Number: 601-359-6551 E-mail: MASH@dfa.ms.gov	For MMRS Use Only: Processed Date: _____ By: _____