

**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	
<b>Agency Name:</b>	<b>MAGIC Business Area:</b>
<b>Agency Address:</b>	

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 Robert Clark Building 301 North Lamar Street, Suite 400 Jackson, MS 39201	Fax Number: 601-359-6551 E-mail: <a href="mailto:MASH@dfa.ms.gov">MASH@dfa.ms.gov</a>	For MMRS Use Only: Processed Date: _____ By: _____