MOVE-IT Web Site Authorization Form

Application and Authorization for Secure File Transfer System

Complete this form to request access to use the automated Secure File Transfer System, to change authorization for the system, or to inactivate *(i.e., cancel)* authorization for the system. "You" refers to the employee who is completing the form.

By submitting and signing this application, you agree to the following:

1. You agree that use of your password in connection with any transaction or submission in the automated Secure File Transfer System constitutes your signature, with all the legal effect of any other signature by you. Entering your password has the same effect as signing your name.

2. You agree to keep the password that you are assigned confidential and secure at all times. You agree not to disclose your password to another person or to allow another person to use your password.

Check Status		New			Change			Inactive		
Effective Date										

User Information		User File Permissions	Check Applicable Rights
Last Name		READ	
First Name		WRITE	
Agency or PE		DELETE	
Agency/Private Entity mailing address		LIST (Folder Content)	
		Notify	
		Creditor Point of Contact (POC) Signature	
Phone			
Email			
User Signature		Print Name	
		Date	

User Type (Role): Check Applicable				List Applicable Folders and Sub Folders
Regular User		Admin		

List Your Creditor Shortname(s)

Please return form to: CCU.Information@maryland.gov

NOTE: Each agency user will only have access to their agency files. Each individual designated as a user for the agency will have all file permissions and access to all of their agency's subfolders. We cannot distinguish or limited permissions and access per individual user per agency at this time.
A staff member of the Department of Information Technology will email you with your temporary password (this may take a week or so).

For Official CCU use only:			
CCU Authorization Signature		Date Created	