

Individual CASHNet Access Request Form

Type of Request		
New User	Update User	Remove User
User Information		
Name		Title
Phone		Email Address
Campus		Department
	ions and policies of es that all money col	bloyee of Northeastern State University understand that I the University and the State of Oklahoma. The State of lected in the name of the University be deposited daily 986, 7.1).
By signing this form I agre	ee to deposit all mor	ney collected within 24 hours of receiving the funds.
Signature of Employee	Date	
Signature of Department	Head Date	
Signature of Bursar Servi	ces Date	