



Office of the State Controller

Check Printing Authorization – North Carolina Accounting System

Submit completed form to osc.support.services@osc.nc.gov

Please provide the following information for the persons who will perform the check printing functions at your agency. They will be our primary contact if there are problems with the check-printing process.

Agency Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Physical Location of Check Printer: _____

Address: _____

Primary Check Writer: _____

Phone: _____ NCID: _____

Email Address: _____

Secondary Check Writer: _____

Phone: _____ NCID: _____

Email Address: _____

Remove Check Writer: _____

CSeries Usergroup: _____ CSeries Username: _____

CFO or Security Administrator:

Signature: _____

Email Address: _____ Date: _____

OSC USE ONLY

Date Received: _____ Date Confirmation Sent to Agency: _____

Model Staff: _____