

# GiftWrap Internal Access Form

Employee Name:  
Position:  
Reason:

Department Head:  
Department:

## Client Access List

Access will be granted or removed from the following client data within the GiftWrap product.

\* Note: We must notify the institutional clients by email when we are adding a new user. Institutional clients are GACOMERICA, GAMLADMIN, GAPNCBANK. The date and time of the notification will be added to the comments section.

### Access Granted Date/Time:

#### \*GACOMERICA

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### GACORNERSTONE

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### GAFASB

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### GAGIFTADMIN

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### GAGIFTADMIN2

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### \*GAMLADMIN

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### GAPA

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

#### \*GAPNCBANK

Access: ☐ Grant ☐ Remove  
Comments:

\_\_\_\_\_

### Approved By:

### Access Verified By:

\_\_\_\_\_  
(CTO, CFO, President)

Date/Time: \_\_\_\_\_

PG Calc Employee

Date/Time: \_\_\_\_\_

### Access Granted By:

\_\_\_\_\_  
Director of Gift Administration

Date/Time: \_\_\_\_\_