

**Mail or FAX Completed Form To:**

VDACS, Office of Charitable and  
Regulatory Programs  
PO Box 1163  
Richmond, Virginia 23218  
FAX: 804.225.2666



**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 1163, Richmond, VA 23218

[www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**ELECTRONIC FINANCIAL FILING AUTHORIZATION FORM**

Organization Name: \_\_\_\_\_ OCRP #: \_\_\_\_\_

This is an **initial request** to authorize the below listed individuals to file OCRP financial reports electronically.

This is a request to **amend/update** the list of individuals already authorized to file OCRP financial reports electronically.

I, \_\_\_\_\_, acting in my capacity as Chief Executive Officer  
(Please Print Full Name)

(or equivalent position) of the above listed organization hereby:

- 1) Authorize the following two individuals to file OCRP financial reports electronically (to include all quarterly and annual reports) for the above listed organization.
- 2) Give each individual the necessary access to the above listed organization's charitable gaming account(s), debit card(s), and credit card(s) relating to the payment of any fees.
- 3) Understand that any and all persons already set up to file OCRP financial reports electronically that do not appear below will be deactivated, and therefore no longer able to file OCRP financial reports electronically.
- 4) Understand that if, during my tenure as Chief Executive Officer, either individual listed below relinquishes the responsibilities this authorization grants them, I will notify OCRP in writing immediately so they may be deactivated and therefore no longer able to file OCRP financial reports electronically.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitter Number 1**

This individual is a:

- |   |  |
|---|--|
| New Submitter                                   | Previously Authorized Submitter with information updates |
| Previously Authorized Submitter who lost access | Previously Authorized Submitter with no changes required |

This individual is authorized to:                      Input data only                      Input data and submit completed reports

Name (please print): \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email Address\* (please print) \_\_\_\_\_

\* An email address must be included. Both submitters can not have the same email address.

**Submitter Number 2**

This individual is a:

- |   |  |
|---|--|
| New Submitter                                   | Previously Authorized Submitter with information updates |
| Previously Authorized Submitter who lost access | Previously Authorized Submitter with no changes required |

This individual is authorized to:                      Input data only                      Input data and submit completed reports

Name (please print): \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email Address\* (please print) \_\_\_\_\_

\* An email address must be included. Both submitters can not have the same email address.

For questions about this form and logging into the financial reporting system, contact the Audit Team at 804-225-4601