

Form 0 - Access Request Form - Synergy

Please email this Form to HISA@abmunis.ca

Name of Participant: _____

The Participant requests to provide access to Alberta Municipalities Synergy for the High Interest Savings Account (HISA) area. The access is to be granted to the following representative (i.e. Communicator) of the Participant.

Name of Communicator: _____

Email address of Communicator: _____

Job title: _____

Date: _____ day of _____, 20____

Name of Authorized Individual: _____

Title: _____

Signature of Authorized Individual: _____

Note: the initial Synergy access is granted to Participant's representative to enable them to access enrolment forms and upload the completed enrolment forms into Alberta Municipalities Synergy.

Contact information:

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