

AccessOne Reporting API Enablement Form

Please submit completed form to your CSA

Client Name: _____

Primary ID: _____

Fiserv Contact: _____

Date: _____

Purpose of this request (AO Reporting API is designed to work best with the 2nd Option below)

☒ We are trying to populate a database.

☐ We are trying to make real time data calls on a client-by-client basis.

API Client Technical Contact:

Name: Pablo Tejada

Company: IRIS CRM

Phone: 888-870-9987

Email: iris-fiserv@nmi.com

Is this a 3rd party developer: ☒ Yes ☐ No

API Client Business Contact:

Name: _____

Phone: _____

Email: _____

Signature: _____