



Agency Update Notification Form

Use this form to update important information about your agency (i.e. Change in Address, Phone Number, Fax Number, Contacts, etc.) and/or document Administrative Personnel changes.

Date: _____ Vesta EVV Agency ID: _____ TIN: _____

Agency Name _____

DBA Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

***Administrator and Alternate Administrator ONLY have Administrative Rights**

***Security PIN Code is REQUIRED; Create a UNIQUE four (4) DIGIT NUMBER and list in designated field:*

*Administrator: _____ **Security PIN Code: _____

Email: _____

*Alternate Administrator: _____ **Security PIN Code: _____

Email: _____

OPTIONAL – List any additional Personnel that are authorized to Enable Vesta User(s) or Reset Password(s). For example, the user that performs Visit Maintenance forgot their password and is locked out of the EVV system. The administrator and alternate administrator are at a conference and they are not able to login to VestaEVV to “Clear Password” for the user. In this example, the person(s) listed below may call Vesta Support for assistance in activating disabled Vesta Login users and/or Vesta Login Password.

***Security PIN Code is REQUIRED; Create a UNIQUE four (4) DIGIT NUMBER and list in designated field:*

Authorized Personnel: _____ **Security PIN CODE: _____

Email: _____

Authorized Personnel: _____ **Security PIN CODE: _____

Email: _____

Administrator/Alternate Administrator Name: _____ Title: _____

Signature (Required): _____

Send completed form via (Fax) 956.412.1464 or (email) info@vestaevv.com

www.vestaevv.com | 844.880.2400

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