

## **Workday Portal Access Request**

NOTE: If you have an existing Workday Portal account, please have a user with Portal Manager access login to the portal to manage users and information electronically.

By filling out the form below, you'll gain access to the Workday Supplier Portal, a secure, self-service, web-based application provided to you by Progressive. The form must be signed by Authorized Personnel of the company.

Once you have access to this tool, you'll be able to enroll in our EFT program, manage your bank account information, contacts, user portal account access, and view payment remittance information. Features available will differ based on the user's access type:

**Supplier Portal Manager –** Manage bank account information, manage contact information, and view payment information.

**Supplier Portal Inquiry -** View payment and contact information only.

## **Supplier Information**

Supplier's Business Name		
DBA (if applicable)		
Street Address		
City	State Zip Code	
3	ntification Number (TIN) al Security Number (SSN)	
Please note: If you are a Progressive Medical Provider, you will receive a paper remittance by regular mail that corresponds to your EFT payment.		
Non-Medical suppliers, if you would like to receive an electronic remittance via email, please provide email address below.		
EFT Remittance Email		

## **User Information**

Request Access/User Type	
User's First Name	User's Last Name
User's Email Address	User's Phone
Authorization	
Authorized Personnel Please Print First Name	Last Name
Authorized Personnel Title	
Signature	Date
f you have any questions or require assis	tance, please contact our Supplier Maintenance Team

Email: EFT\_Registration\_Support@Progressive.com

Phone: (877) 616-7473