



Federal Reserve Bank Official Authorization List Account and Non-Account Holders

***Required Fields**

This supersedes our previous Official Authorization List?* <i>(If neither is selected, previous list will also remain in effect)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name*	
Routing Transit Number (RTN) or Customer Identification Number (CIN)*	
Effective Date¹* <i>(MM/DD/YYYY)</i>	
Street Address*	
Telephone*	
City*	
State*	
Zip Code*	

Authorizing Officer* (Must be identified by title only or by name and title in paragraph 2 of your institution's authorizing resolutions):

Signature*				
Title*				
Name*	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>
Phone*	<i>Country Code</i>	<i>Phone</i>		<i>Extension</i>
Email Address*				

¹ The form is effective no earlier than the business day following the business day that the appropriate Federal Reserve Bank processes the request. If the requested Effective Date cannot be met, the company will be notified.

Notary Public Authentication of Authorizing Officer* (Notary public cannot appear on this form as a certifying official, authorizing officer, or authorized individual)

State of*	
County² of*	
Subscribed and sworn to before me on* (MM/DD/YYYY)	
Notary Public Signature*	
Notary Stamp w/expiration date*	

Certifying Official (The section must be completed **if** paragraph 2 of your institution’s authorizing resolutions identifies authorized officers by title only. The certifying official must be the secretary or assistant secretary of the institution or another officer of similar or higher rank. The official must also have the authority to certify the statements in this document.)

<p>I, _____, (Certifying Official’s Printed Name and Title) of the above institution, do hereby certify that _____ is a (Authorizing Officer’s Printed Name) _____ of such institution. (Title of Authorizing Officer)</p>	
Certifying Official’s Signature	

Notary Public Authentication of Certifying Official (Notary Public cannot appear on form as a certifying official, authorizing officer, or authorized individual)

State of:	
County² of	
Subscribed and sworn to before me on: (MM/DD/YYYY)	
Notary Public Signature	
Notary Stamp w/expiration date	

² Or other applicable subdivision such as borough or parish.

To the Federal Reserve Banks: below are the names, titles, and signatures of the individuals authorized to take the actions specified in paragraph 2 of the institution’s authorizing resolutions, including to execute agreements, transact business, and issue instructions on behalf of the institution identified on page 1 of this document. Such actions may include successive sub-delegations of authority (for example, via an Authorized individual below granting authority to an End User Authorization Contact who may select services and take all other actions, including granting access to services to a Subscriber).

Name	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>
Work Phone	<i>Country Code</i>	<i>Phone</i>		<i>Extension</i>
Mobile	<i>Country Code</i>	<i>Phone</i>		
Title				
Email Address				
Signature				
Limitations to Authority <i>(leave blank if none)</i>				

Name	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>
Work Phone	<i>Country Code</i>	<i>Phone</i>		<i>Extension</i>
Mobile	<i>Country Code</i>	<i>Phone</i>		
Title				
Email Address				
Signature				
Limitations to Authority <i>(leave blank if none)</i>				

Authorizing Officer*

Institution*				
Routing Transit Number (RTN) or Customer Identification Number (CIN)*				
Signature*				
Title*				
Name*	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>

You may add additional signers by completing this page multiple times and submitting it with your request. Please indicate the total number of pages, including the first/notary page, appropriately at the top left-hand corner of this document.