

**PAYING AGENT
APPLICATION - AGREEMENT
(UNITED STATES SAVINGS BONDS)**

To: Federal Reserve Bank or Branch at _____
As Fiscal Agent of the United States

(Name of Organization)

applies for qualification to make payments in connection with the redemption of United States Savings Bonds and United States Savings Notes (Freedom Shares), as provided in Department of the Treasury Circular No. 750, current revision (31 CFR part 321). The undersigned certifies that:

- (a) It is incorporated under the laws of _____
- (b) In the usual course of business it accepts, subject to withdrawal, funds for deposit or the purchase of shares;
- (c) It is under the supervision of the _____
of _____; (Name of Supervising Agency)
(Federal, State or Other Jurisdiction)
- (d) It maintains a regular office for the transaction of its business at the address specified below; and,
- (e) It has adequate authority under its charter to enter into this Agreement.

In consideration of such qualification, the undersigned organization agrees:

- (a) To be bound by and comply with the provisions of:
 - (i) the regulations governing agencies for the payment and redemption of United States Savings Bonds: Department of the Treasury Circular No. 750, current revision (31 CFR part 321), including all supplements and amendments thereof and instructions issued thereunder, as well as any future revisions of said circular, provided the provisions of such revisions are not inconsistent with the terms and conditions of this Agreement;
 - (ii) the regulations governing the payment of fees: Statement: Payment of Fees to Savings Bond Paying Agents, PD F 5285; and,
- (b) To assume responsibility for all acts of its officers and employees in the payment and redemption of United States Savings Bonds and Savings Notes, and in accounting for their payment and redemption including assuming complete and unconditional liability for any losses suffered by the United States resulting from the acts of any of the officers or employees of the undersigned;
- (c) To be bound by:
 - (i) the provisions of Section 202 of Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 12086 (42 U.S.C. 2000e note), and regulations issued pursuant thereto, as amended (41 CFR chapter 60);
 - (ii) the provisions of Section 503 of the Vietnam Era Veterans' Readjustment Assistance Act of 1972, as amended (38 U.S.C. 4212), and regulations issued pursuant thereto (41 CFR parts 60-250 and 61-250); and,
 - (iii) the provisions of Section 503 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 793), and regulations issued pursuant thereto (41 CFR part 60-741).
- (d) To be bound by the provisions of the Privacy Act of 1974, as amended (5 U.S.C. 552a), and regulations issued pursuant thereto (31 CFR part 1, subpart C);
- (e) That the execution of this form constitutes a certification that it does not maintain and will not maintain or provide for employees any facilities which are segregated on the basis of race, creed, color, or national origin, at any office, plant or other location; and,
- (f) That the Secretary of the Treasury or the above-designated Federal Reserve Bank, by written notice, at any time and without previous demand or notice, may terminate the qualification of the undersigned; and that in the event of such termination the undersigned, after receipt of such notice, or after the date of termination specified therein, will not thereafter pay any United States Savings Bonds or United States Savings Notes.

It is understood that the undersigned may withdraw from this Agreement at any time upon notice of such intention to the qualifying Federal Reserve Bank or Branch or the Bureau of the Public Debt.

IN WITNESS WHEREOF, the undersigned organization has caused this Application-Agreement to be executed by the officer named below, who is duly authorized by a resolution of this organization's governing body adopted on the _____ day of _____, _____ (month) _____ (year)

Signed, sealed and dated this _____ day of _____, _____ (month) _____ (year)

(Name of Organization)

Address _____
(Number and Street)

(SEAL)

(City or Town) (State) (ZIP Code)

() _____
(Telephone Number)

By _____
(Signature of Officer)