



**Federal Reserve Bank
Official Authorization List
Non-Account Holder**

FRBservices.org

| | | | |
|--|--------|------------------------------|-----------------------------|
| 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 |
| Financial Institution Name* | | Routing (ABA) Number* | |
| Effective Date* | | Street Address* | |
| Telephone* | | Street Address | |
| City* | State* | Zip Code* | |

Authorizing Officer* (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

| | | | | |
|------------|-------|----------------|----------------|--------|
| Signature* | | Title* | | |
| Name* | First | Middle Initial | Last | Suffix |
| Phone* | | Extension | Email Address* | |

Notary Public Authentication of Authorizing Officer*

| | |
|--|--|
| State of _____) County of _____) Subscribed and sworn to before me on _____, 20____ By _____. (Authorizing Officer's Printed Name) | Notary Public Signature (Notary Seal 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.)

| | |
|---|-------------------------------|
| 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) | Certifying Official Signature |
|---|-------------------------------|

Notary Public Authentication of Certifying Official

| | |
|--|--|
| State of _____) County of _____) Subscribed and sworn to before me on _____, 20____ By _____. (Certifying Official's Printed Name) | Notary Public Signature (Notary Seal w/expiration date) |
|--|--|

Federal Reserve Bank
 Official Authorization List

To the Federal Reserve Banks: Below are the names, titles, and signatures of the individuals authorized to transact business and issue instructions (except for Discount Window, Operating Circular 10, transactions) on behalf of the Institution identified on page one of this document.

| | | | | |
|------------|---|----------------|------------|--------|
| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

| | | | | |
|------------|---|----------------|------------|--------|
| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

| | | | | |
|------------|---|----------------|------------|--------|
| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

The Authorizing Officer on Page 1 of this document is required to sign each page of the Official Authorization List.

Authorizing Officer* (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

| | | | | |
|------------|--------|----------------|--------|--------|
| Signature* | | | Title* | |
| Name* | First* | Middle Initial | Last* | Suffix |

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 right hand corner of this document.

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| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

| | | | | |
|------------|---|----------------|------------|--------|
| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

| | | | | |
|------------|---|----------------|------------|--------|
| Name: | First | Middle Initial | Last | Suffix |
| Phone: | | | Extension: | |
| Title: | | | Email: | |
| Signature: | Limitations to Authority: (leave blank if none) | | | |

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| | | | | |
|------------|--------|----------------|-------|--------|
| Signature* | | | | Title* |
| Name* | First* | Middle Initial | Last* | Suffix |

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