

Agent Profile Form

I. Instructions

Complete all applicable sections of this form to provide required information to the TRS site for your institution's profile as a savings bond paying agent. Follow the directions provided in each section.

II. General Information

Please provide information in all of the following fields:

ABA Routing Transit No.
(Nine Digits)

Branch Identifier
(Four Digits)

Contact Person

Name of Institution

()

Telephone Number

Street Address (Required)

()

Fax Number

City, State & Zip Code

Email Address

III. Savings Bond Pro® for Pricing Bonds

Please indicate if you wish to receive a free copy of Savings Bond Pro software for pricing savings bonds.

Yes

No

If this copy should be sent to an address different from the one provided in *Section II*, please complete the fields below:

Contact Name

Email Address

Address

()

Telephone Number

City, State & Zip Code