

Official Authorization List: Non-Depository & Non-Financial Entity Instructions

The Official Authorization List (OAL) serves as a legal basis for establishing the identity and the authority of the individuals who have the authority to take actions that bind your company as they relate to your use of or access to Federal Reserve services. All OAL forms are available on the FRBServices.org[®] website. ***This document must be in place before your company may request any changes to existing services or access to new services.***

This instruction package provides samples of an OAL with detailed step-by-step guidance for submitting an OAL. Additionally, the following tips may be helpful in ensuring that the OAL is properly completed:

- There are different versions of the OAL form for different entity types; verify that you have completed the appropriate version: Federal Reserve Bank Official Authorization List Non-Depository Institution and/or Non-Financial Entities Form (Form).
- Original documents must be submitted to the address listed on the District Contact List available at FRBServices.org.
 - To expedite the review process, it is recommended that documents be faxed or emailed for review prior to sending the original documents to the appropriate district contact.
- The OAL described in these instructions does not pertain to Discount Window transactions governed by the Federal Reserve Banks' Operating Circular 10 (OC 10). For Discount Window access, a separate set of forms must be completed, which may be found at FRBServices.org.

Official Authorization List: Non-Depository & Non-Financial Entity (OAL):

The Federal Reserve Banks require three basic types of inputs in the OAL, which are: (i) basic information about the entity and the OAL's use, (ii) information about the Authorizing Officer and related certifications and signatures, and (iii) information about the Authorized Individuals and related signatures.

Company Information: This section collects information that identifies the company that will be using or accessing Federal Reserve services.

- All fields in the form marked with a red asterisk "*" must be completed.

- Indicate whether the list supersedes or adds to a previously submitted OAL by checking “Yes” or “No,” as applicable, at the top right-hand corner of the form. (If nothing is indicated, then the previous OAL will remain in effect in addition to the new submission).
- Provide the official name, complete street address, and telephone number of your company.
- Provide the Customer Identification Number (CIN) (a nine-digit identification number) or Electronic Transaction Identifier (ETI) (nine-digit transit routing number) used to transact business with the Federal Reserve Banks.
- Provide a requested Effective Date. The form is effective no earlier than the business day following the business day that the appropriate Reserve Bank processes the request. If the requested Effective Date cannot be met, the company will be notified.

Authorizing Officer: This section identifies the individual authorized by your company’s board of directors to perform the activities stated in the Secretary’s Certification.

- Provide the title of the Authorizing Officer and have the Authorizing Officer sign where indicated.
- Provide the first name, middle initial, last name, and suffix (if applicable) of the Authorizing Officer.
- Provide the phone number and extension of the Authorizing Officer. This number will be used by the Federal Reserve banks to contact the Authorizing Officer.
- Provide the email address of the Authorizing Officer.

Secretary’s Certification Section: This section is to be completed by the Company’s Secretary or Assistant Secretary, certifying the individual listed as an Authorizing Officer has the authority stated in this section of the OAL.

- Provide the printed name and title of the Secretary or Assistant Secretary.
- Provide the name and title of the individual listed in the Authorizing Officer Section.
- The Secretary or Assistant Secretary cannot be the same individual listed as the Authorizing Officer or the Notary Public.

Notary Public Authentication (of Authorizing Officer and Secretary’s Certification): The notary public sections are to be completed by the notary publics who are authenticating the information and signature of the Authorizing Officer and Secretary. *The notary cannot appear on the form as a certifying official, authorizing officer, or authorized individual. For each notarial certificate:*

- Provide the state and borough, county, or parish in which the notarization is conducted.
- Provide the date the notary public witnesses the authorizing officer and secretary sign the form.
- Provide the notary public signature, which authenticates the signatures in the Authorizing Officer and Secretary’s Certification sections.

- Provide a valid notary stamp and/or seal, if required by applicable law.

Authorized Individuals Section: This section identifies individuals, who are authorized to transact business and issue instructions on behalf of the company listed on page one of the form, and who can further delegate their authority to others who can transact business and issue instructions on behalf of the company.

It is not necessary to list all the individuals on the OAL who will be contacting or dealing with the Federal Reserve Banks. What is important is that you identify at least one or two individuals who are authorized to further designate others who can transact business for each of the services that you access on behalf of your banking customers. Many of our services require authorizations specific to that service (for example, Fedwire® Funds Service Authorization Form or the End User Authorization Contact form). These service-specific authorizations can only be submitted by an individual who is authorized on the OAL.

- Provide the first name, middle initial, and last name of the Authorized Individual(s).
- Provide the work phone number and extension of the Authorized Individual(s). This number will be used by the Federal Reserve Banks to contact the Authorized Individual.
- Provide the mobile phone of the Authorized Individual(s). This number may be used by the Federal Reserve Banks to contact the Authorized Individual(s), after hours.
- Provide the title, email, and specimen signature of the Authorized Individual(s).
- Specify whether the individual's authority to transact business with and issue instructions to the Federal Reserve Banks is limited to a particular service(s) (for example, "Check and ACH services only"). Authority to designate others on any service-specific authorization list (see the bullet point above) will also be limited to that particular service. Additionally, authority to use electronic access for the particular service(s) listed will be included. (For example, an individual limited to "Check and ACH services only" will be authorized to access such services through FedLine® access channels). Please note, other limitations such as limitations on the dollar amount for transactions submitted by the individual will not be accepted. If there are no service limitations, please leave the box blank.
- The OAL contains space for listing four Authorized Individuals. If your organization needs to identify additional Authorized Individuals, please submit additional form pages.
 - In every case, indicate the page number of each form page and the total number of pages being submitted as a single list (i.e. "Page 1 of 1" or "Page 2 of 4").
 - The Authorizing Officer must sign each page submitted.

Indicate the total number of pages you are submitting for the OAL (Do not include the BR in your count).

*Page ____ of ____

INTERNAL FR
(Upon receipt by the Federal Reserve Banks)

THE FEDERAL RESERVE
Financial Services

Federal Reserve Bank Official Authorization List Non-Depository Institution and/or Non-Financial Ent

Select "Yes" if this list supersedes a previous list.

***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*	
Customer Identification Number (CIN) or Electronic Transaction Identifier (ETI)*	
Full legal name of the organization.	Date*
Street Address	
Telephone*	
Street Address	
City*	
State*	
Zip Code*	

The 9-digit CIN or ETI number must be the number assigned to your institution.

Effective date which the OAL will become active.

Complete street address (City, State and Zip Code) of your Head office is required. (PO Box may be included on the second line, if it is the preferred mailing address.)

Authorizing Officer* (Must be certified by the Institution's Secretary or Assistant Secretary to have the authority to take the actions described in the Secretary's Certification)

Signature*			
Title*			
Name*	First	MI	Last
Phone*	Country Code	Phone	
Email Address*			

Print Authorizing Officer's name.

Signature of the Authorizing Officer must be notarized below.

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.

Indicate the total number of pages you are submitting for the OAL (Do not include the BR in your count).

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

For states with no counties, please enter the applicable City, borough, or parish.

NOTARY CAN'T BE LISTED AS A CERTIFYING OFFICIAL, AUTHORIZING OFFICER, OR AUTHORIZED INDIVIDUAL.

State of*	
County ² of*	
Subscribed and sworn to before me on: (MM/DD/YYYY)	
Notary Public Signature*	
Notary Stamp w/expiration date*	

Expiration date (MM/DD/YYYY) of the notary commission is required.

Secretary's Certification*

Print the Secretary's name and Title

I, _____
(Secretary or Assistant Secretary's Printed Name and Title)
Secretary (or Assistant Secretary) of the above institution, do hereby certify that _____
(Authorizing Officer's Printed Name and Title)
by the institution's by-laws and/or board of directors to (i) execute agreements; (ii) _____
with any Federal Reserve Bank; (iii) issue instructions to any Federal Reserve Bank; (iv) _____
from any or all acts that may be necessary or incidental to the acts described in clauses (i) through (iv); and (v) provide a list of other company officials who are also authorized to execute agreements in clauses (i) through (iv).

Secretary or Assistant Secretary's Signature*

Print the Authorizing Officer's name & Title.

Signature of Secretary

Notary Public Authentication of Secretary's Certification (Notary Public cannot appear on form as a certifying official, authorizing officer, or authorized individual)

For states with no counties, please enter the applicable City, borough, or parish.

State of:	
County ²	
Subscribed and sworn to before me on: (MM/DD/YYYY)	
Notary Public Signature	
Notary Stamp w/expiration date	

Expiration date (MM/DD/YYYY) of the notary commission is required.

NOTARY CAN'T BE LISTED AS A CERTIFYING OFFICIAL, AUTHORIZING OFFICER, OR AUTHORIZED INDIVIDUAL.

² Or other applicable subdivision such as borough or parish.

*Page ____ of ____

Indicate the total number of pages you are submitting for the OAL (Do not include the BR in your count).

INTERNAL FR
(Upon receipt by the Federal Reserve Banks)

To the Federal Reserve Bank of _____, the names, titles, and signatures of the individuals authorized to take the actions specified above in the Secretary's Certification on behalf of the company identified on page 1 of this document. Such actions may include but are not limited to sub-delegations of authority (for example, via an End User Authentication Contact Designation and Authorization Form).

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

Print the Authorizing Individual's name, work number, mobile, title, and email address.

Original signatures are required.

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

Limitations, if any, pertain to the business functions (i.e. ACH, Cash) not dollar amounts.

The 9-digit CIN or ETI number must be the number assigned to your institution.

Signature of the Authorizing Officer, from Page 1, must be included.

Authorizing Officer*				
Institution*				
Customer Identification Number (CIN) or Electronic Transaction Identifier (ETI)*				
Signature*				

Print Authorizing Officer's name.

Additional Authorized Signers may be added by completing this page, signed by the Authorizing Officer. The Notary section is not required for additional pages.

You may add additional signers by completing this page multiple times, including the first/notary page, appropriately at the top right corner of each page.

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