

Third Party Access Consent Form – Term Deposit Facility Application

To: Federal Reserve Bank of _____ (“Reserve Bank”)

By checking the appropriate box below, _____, RSSD ID _____, (“Granting Institution”) hereby authorizes the Reserve Bank to grant or revoke access by the individual named below (“Access Grantee”) to the TDF Information (as defined herein) of Granting Institution. “TDF Information” means read-only access to information regarding Granting Institution’s term deposits outstanding, matured term deposits, [xxx], and such additional information as may from time to time be made available through the Term Deposit Facility Application (“TDF Application”). Granting Institution acknowledges that the Federal Reserve may from time to time introduce additional functions to the TDF Application, which would give Access Grantee the ability to view additional types of TDF Information that may be generated as a result of such additional TDF Application functions. This authorization is effective as of the date that Granting Institution is so notified by the Reserve Bank and remains in effect until revoked by Granting Institution as provided below. Granting Institution agrees that access hereunder by Access Grantee is at Granting Institution’s sole risk and expense, and further agrees to indemnify and hold the Reserve Bank harmless from and against any and all claims, losses, costs, damages, and liabilities arising out of or in any way connected or related to such access. The Reserve Bank may modify this Third Party Access Consent Form upon [30] days advance written notice to the Granting Institution and the Access Grantee.

By checking this box, Granting Institution hereby **grants** access as provided above by Access Grantee to Granting Institution’s TDF Information.

By checking this box, Granting Institution hereby **revokes** access as provided above by Access Grantee to Granting Institution’s TDF Information.

ACCESS GRANTEE

GRANTING INSTITUTION

Name of Access Grantee

Name of Granting Institution

ABA Routing Number of Access Grantee

ABA Routing Number of Granting Institution

Institution of Access Grantee

Signature of Authorized Officer of Granting Institution*

Title of Access Grantee

Name of Authorized Officer of Granting Institution

Business Address of Access Grantee

Title of Authorized Officer of Granting Institution

Telephone Number of Access Grantee

Date

*Authorized Officer must be a signer designated on Granting Institution’s Official Authorization List.

Please allow at least five (5) business days for this form to be processed by the Reserve Bank. Contact the Reserve Bank to confirm the effective date that access is granted or revoked.

FRB use only: Date Received: _____	Processed by _____
Effective Date: _____	Granting Institution Notified of Effective Date : _____