

Third Party Access Consent Form - Reserves Information and Reserves Administration 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 Reserves Information (as defined below) of Granting Institution, including access through the Reserves Central—Reserve Account Administration application ("RC-RAA"). "Reserves Information" includes the reserve requirement, reserve balance requirement, deposit report data, daily balances, interest payments, and charges of Granting Institution, Granting Institution's respondent institutions (if Granting Institution is a pass-through correspondent), Granting Institution's excess balance account ("EBA") (if Granting Institution is an EBA agent), and such additional information as may from time to time be made available through RC-RAA. Granting Institution acknowledges that the Federal Reserve may from time to time introduce additional functions to RC-RAA, which would give Access Grantee the ability to both access Reserves Information and to enter into certain reserve account administration transactions on behalf of Granting Institution through RC-RAA. 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.

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

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

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