Fedwire® Securities Service Authorization Form

(Please print in ink or type)

Federal Reserve Use Only – Internal FR

OAL Verification:

Authority ☐ Signature ☐

WOS Initials: _____ Date: _____

Financial Institution Name | Routing (ABA) Number

Street Address | City | State | Zip

Main Phone Number | Main Fax Number

Caller ID				Name	Telephone Number and Extension	Accounts		
						N	T	Both
					( )			
					( )			
					( )			
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Please use the following three lines to provide contingency contact information for select authorized individuals.								
					( )			
					( )			
					( )			
Please circle the TOTAL number of authorized individuals appearing above: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15								

These authorizations will remain in effect until we receive an updated Fedwire Securities Service Authorization Form. The individuals listed above are authorized to conduct offline securities transactions, request copies of transactions or statements, and request changes to your securities profile.

Authorized Signature* | Printed Name | Title | Date

** The signer of this agreement must appear as an authorized individual on your financial institution's Official Authorization List currently on file with the Federal Reserve District servicing your Master Account.*

Please mail or fax this original form to your Wholesale Operations Site:

Districts: *Boston, New York, Philadelphia, Cleveland, St. Louis, and Dallas*

Federal Reserve Bank of Boston
Wholesale Operations Site
P.O. Box 55882
Boston, MA 02205

Phone: 1-800-327-0147 Fax: 1-877-973-8972

Districts: *Richmond, Atlanta, Chicago, Minneapolis, Kansas City, and San Francisco*

Federal Reserve Bank of Kansas City
Wholesale Operations Site
P.O. Box 419033
Kansas City, MO 64141-6033

Phone: 1-800-333-2448 Fax: 1-800-695-2663

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