OFFICIAL AUTHORIZATION LIST
(Non-Depository Institution and/or other Financial or Non-Financial Entities)

Electronic Transaction Identifier (ETI) or Customer Identification Number (CIN) ______________

Page _______ of ________

Name of Company: Effective Date:

Street Address: Telephone:

To the Federal Reserve Banks: Below are the names, titles, and signatures of the individuals authorized to execute contracts and transact business with you and to issue instructions on behalf of the Company identified above.

Name and Title (printed): Telephone No. and E-Mail Address: Signature: Limitations to Authority:

(leave blank if no limitations)

Authorizing Officer (must be certified below by Company’s Secretary to have the authority to contractually bind Company and to provide a list of other Company officials who are authorized to execute contracts and transact business with the Federal Reserve Banks and to issue instructions on behalf of the Company):

Signature: ___________________________________________

____________________________________________________

(Printed Name and Title of Authorizing Officer)

___________________________________________________

(Telephone)

___________________________________________________

(E-Mail Address)

State of ______________________) County of ____________________)
Subscribed and sworn to before me on ________________, 20___,
by _____________________________.

(Authorizing Officer’s Printed Name)

Notary Public

(Notary Seal)

Secretary’s Certification (REQUIRED):

I, ____________________________, Secretary (or Assistant Secretary) of the above Company, do hereby certify that ____________________________

(Authorizing Officer’s Name)

is authorized by Company’s by-laws and/or board of directors to contractually bind Company and to provide a list of other Company officials who are authorized to execute contracts and transact business with the Federal Reserve Banks and to issue instructions on behalf of Company.

Signature: ____________________________

State of _________________)
County of _________________)
Subscribed and sworn to before me on ________________, 20___,
by _____________________________.

(Secretary’s (or Assistant Secretary’s) Printed Name)

Notary Public

(Notary Seal)