

FEDERAL RESERVE BANK REPORTING CENTRAL FEDLINE® ACCESS AUTHORIZATION LIST

RSSD-ID number: _____

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This supersedes our previous Federal Reserve Bank Reporting Central FedLine Access Authorization List: **YES** or **NO**

If neither "Yes" nor "No" is indicated, the previous list will remain in effect. All fields are required.

Official Company Name:	Effective Date:
Address (<i>street, city, state, country, zip code</i>):	Telephone (<i>including area code</i>):

Authorized Individuals: Provide the names, titles, and signatures of the individuals authorized to designate and manage End User Authorization Contacts (EUACs) for Reporting Central on behalf of the organization indicated above.

<u>Name and Title</u> (<i>print</i>):	<u>Telephone No. and E-Mail Address:</u>	<u>Signature:</u>

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 Reporting Central-related instructions on behalf of the Company):

Signature: _____ Authorizing Officer Name and Title (<i>print</i>) _____ Telephone _____ E-Mail Address _____	State of _____ County of _____ Subscribed and sworn to before me on _____, 20____, <small style="margin-left: 150px;"><i>Date of Signature</i></small> by _____ <p style="text-align: center;">Authorizing Officer's Name (<i>print</i>)</p> _____ Notary Public (<i>Notary Seal</i>)
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Secretary's Certification

I, _____, Secretary (or Assistant Secretary) of the above Company, do hereby certify that _____ is authorized by Company's _____ <small style="margin-left: 40px;"><i>Authorizing Officer's Name</i></small> 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 Reporting Central-related instructions on behalf of Company. Signature: _____	State of _____ County of _____ Subscribed and sworn to before me on _____, 20____, <small style="margin-left: 150px;"><i>Date of Signature</i></small> by _____ <p style="text-align: center;">Secretary's (or Assistant Secretary's) Name (<i>print</i>)</p> _____ Notary Public (<i>Notary Seal</i>)
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Please mail the completed and signed original paper version of this form to:

Customer Contact Center
 P.O. Box 219416
 Kansas City, MO 64121-9416

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