Fedwire® Funds Service Authorization Form

(Please print in ink or type)

Internal FR
(Upon receipt by the Federal Reserve Bank)

Page ____ of ____

Financial Institution Name | Routing (ABA) Number

Street Address | City | State | Zip

Main Phone Number | Main Fax Number

Caller ID				Name	Telephone Number and Extension	Functions Y-Yes N-No Orig	Ver	Adv	Con
Please use the following three lines to provide contingency contact information for select authorized individuals.									
Please enter the TOTAL number of authorized individuals appearing above:									

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

Authorized Signature* | Printed Name | Title | Date

** The signer of this form 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 complete this form and fax or email to the Customer Contact Center at:

Customer Contact Center
Federal Reserve Bank of Kansas City
P.O. Box 219416
Kansas City, MO 64121-9416

Email: ccc.bankservices@kc.frb.org
Fax: (877) 281-3647

The Financial Services logo and "Fedwire" are registered service marks of the Federal Reserve Banks. A complete list of marks owned by the Federal Reserve Banks is available at FRBservices.org.