

FEDERAL RESERVE BANK REPORTING CENTRAL/STRUCTURE CENTRAL FEDLINE®  
ACCESS AUTHORIZATION LIST

RSSD-ID number: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

This supersedes our previous Federal Reserve Bank Reporting Central/Structure 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 (street, city, state, country, zip code):	Telephone (including area code):

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

Name and Title (print):	Telephone No. and E-Mail Address:	Signature:

**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/Structure Central-related instructions on behalf of the Company):

Signature: _____	State of _____ County of _____
Authorizing Officer Name and Title (print) _____	Subscribed and sworn to before me on _____, 20____, <small>Date of Signature</small>
Telephone _____	by _____
E-Mail Address _____	Authorizing Officer's Name (print) _____
	Notary Public _____
	(Notary Seal)

Secretary's Certification

I, _____, Secretary (or Assistant Secretary) of the above Company, do hereby certify that _____ is authorized by Company's _____ <small>Authorizing Officer's Name</small>	State of _____ County of _____
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/Structure Central-related instructions on behalf of Company.	Subscribed and sworn to before me on _____, 20____, <small>Date of Signature</small>
Signature: _____	by _____
	Secretary's (or Assistant Secretary's) Name (print) _____
	Notary Public _____
	(Notary Seal)

Email the completed form to: [ccc coordinators@kc.frb.org](mailto:ccc coordinators@kc.frb.org)