

[Financial Institution Letterhead]

Date

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

Re: Appointment of Agent Firm for Electronic Applications (E-Apps)<sup>®</sup> Filings

To Whom It May Concern:

On behalf of \_\_\_\_\_, I  
(Financial Institution Legal Name)

hereby designate \_\_\_\_\_ as a third-party agent firm, and  
(Agent Firm Legal Name)  
authorize the use of E-Apps to submit regulatory filings on behalf of our organization. I certify that I am an E-Apps Authorizing Officer for the above-named Financial Institution.

If you have questions regarding any of the information provided, please feel free to contact me at  
\_\_\_\_-\_\_\_\_-\_\_\_\_ or \_\_\_\_\_.  
(Phone Number) (E-Mail Address)

Very truly yours,

\_\_\_\_\_  
Signature of E-Apps Authorizing Officer (Date)

\_\_\_\_\_  
(Print Name and Title)

State of _____)
County of _____)
Subscribed and sworn to before me on _____, 20____, (Date of Signature)
by _____. (Certifying Official's Printed Name)
_____ Notary Public
(Notary Seal)

**Please submit this original letter via mail or courier to the Customer Contact Center. Questions may be directed to the e-mail address or phone numbers listed below.**

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

**E-Mail: [ccc.coordinators@kc.frb.org](mailto:ccc coordinators@kc.frb.org)**

**Phone: (888) 333-7010 or (612) 204-7010, Option 2**

**Fax: 866-333-8076**