Filing Employee Designation and Credential Request Form for the Electronic Applications System (E-Apps)[®] (Financial Institutions)

We, the financial institution named below, request that you issue a credential to the Filing Employee identified below and grant him/her access to the E-Apps system.

NOTE: A separate form must be completed for each Filing Employee. Please provide the information specified below. Unless otherwise noted, all fields are mandatory.

Section 1 – General Information

Date

Request Type	CREATE Credential (Complete Sections 1 and 2)
(Check all that apply)	MODIFY Existing Credential (Complete Sections 1 and 2)
	RENEW Credential (Complete Sections 1 and 2.)
	REVOKE and REISSUE Credential (Current credential will be deleted, and a new credential will be issued; current access will be interrupted for a short time. Complete Sections 1, 2 and 3)
	REVOKE and DELETE Credential (Complete Sections 1, 2 and 3.)

Section 2 – Filing Employee Profile (All fields are mandatory with the exception of Filing Employee's New Name.)			
Filing Employee's Name (First, Middle Initial, Last)			
Filing Employee's New Name (First, Middle Initial, Last; Previously authorized Filing Employee's name has changed.)			
Filing Employee's Work E-mail Address (Individual e-mail addresses only; no groups.)			
Filing Employee's Work Telephone Number (Organization's main switchboard number with area code.)			
Filing Employee's Work Fax Number			
Filing Employee Organization's Legal Name (If this request is for more than one organization, please list all Organization Legal Names.)			
Work Street Address (Do not specify a P.O. Box number)			
City / State or Province / Zip			
Country			
Identification Number (for FRS use only)	103058360		
Authorizing Officer's (AO's) Name			
AO's Work E-mail Address (Individual e-mail addresses only; no groups.)			
AO Organization's Legal Name			
AO's Work Telephone Number (Organization's main switchboard number with area code.)			

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FRIT Use Only:

Application	Access Level	Action
E-Apps (Electronic Applications)	E-Apps User	⊠ Add

Section 3 – For REISSUE or DELETE requests, indicate the reason below.

- Filing Employee has forgotten browser password.
- □ Filing Employee's credential has been compromised.
- □ Filing Employee's name has changed.
- □ Filing Employee's employment (including contract) has been terminated.
- □ Filing Employee no longer requires access to E-Apps.
- □ Other

AUTHORIZATION: On behalf of the Organization, I designate the individual named above as a Filing Employee and authorized user of the Board of Governors of the Federal Reserve Board's Electronic Applications system (E-Apps). The Organization is authorizing the Filing Employee to transact business with the Federal Reserve using E-Apps on behalf of the Organization. All filings submitted and other actions taken by Filing Employees when using E-Apps certificates will be legally binding on the Organization. The Filing Employee will comply with all terms and conditions specified in the Federal Reserve Board's Certification Practice Statement (located at http://federalreserve.gov/PKiCertificates/) as well as all applicable security procedures. You may rely on and act upon any information you receive (or that you reasonably believe you have received) from the Filing Employee until you receive (and have had a reasonable time to act upon) a written amendment or revocation of this authorization. I represent and warrant that I have authority to make this designation and these representations.

AO's signature:	Date:	
AO S SIGNALUIC.	Date.	

Please submit this original form 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

Phone: (888) 333-7010 or (612) 204-7010, Option 2 Fax: 866-333-8076

Section 4 – Federal Reserve Use Only

	Signatures	Date
Due Diligence Verification Signature		
Data Entry Verification Signature		

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