

[Financial Institution Letterhead]

Date

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

Re: Revocation 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 revoke the authority of \_\_\_\_\_ to act as a third-  
(Agent Firm Legal Name)

party agent firm on behalf of our organization. This revocation is effective as of the date of this letter. 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\_\_\_\_,

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**