Authorizing Officer Designation and Authorization Form for the Electronic Applications System® (E-Apps) (Financial Institutions)

Date: _____ RSSD ID: _____ Organization Type: _____
(i.e., holding company, commercial bank, EDGE corporation, etc.)

Organization Legal Name: _____
(If this authorization includes subsidiary organizations, please attach a list to this form on your organization letterhead including each organization's RSSD, Organization Type, Legal Name and Address.)

City, State/Province, Zip: _____ Country _____

To the Board of Governors of the Federal Reserve System:
We designate the following individual as Authorizing Officer (AO) for our Filing Organization.

Note: *Please provide the information specified below. All fields are mandatory except Middle Initial, New Last Name and Title.*

	Authorizing Officer
Add/Modify/Delete AO	□ Add □ Modify □ Delete
Name (First, Middle Initial, Last)	
New Last Name (Previously authorized AO's last name has changed.)	
AO Signature (Not required for deletion requests.)	
Job Title	
Work Telephone Number (Organization's main switchboard number with area code.)	
Work Fax Number	
Work E-mail Address (Individual e-mail addresses only; no groups.)	
Work Street Address	
City/State or Province/Zip	

AUTHORIZATION: On behalf of our organization, I designate the above-named individual as AO. He or she is responsible for identification, authentication and notification processes between our Organization and the Federal Reserve Board related to the Electronic Applications (E-Apps) system. The authority of the AO includes designating Filing Employees to the Federal Reserve Board who are authorized to act on behalf of the Organization and should be issued credentials (certificates) to transact business using the E-Apps system. In addition, the AO may designate third-party firms as agents to use E-Apps for the submission of filings on behalf of our organization. All filings submitted and other actions taken by Filing Employees when using E-Apps certificates will be legally binding on the Organization. The Organization, AO and Filing Employees will comply with all terms and conditions specified, where applicable, in the Certification Practice Statement (located at http://www.federalreserve.gov/PKICertificates), as well as all applicable security procedures. You may rely on and act upon instructions or other information related to E-Apps that you receive from (or reasonably believe that you have received from) the AO 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 the authority to make this designation and these representations.

Signature of Organization Senior Executive: _____

Name: _____
(Please Print – All information is required)

Job Title: _____ Date: _____

Work Phone: _____ Work E-mail Address: _____

Please submit this original form via mail or courier to the Customer Contact Center at the address 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**

Federal Reserve Use Only

Due Diligence Verification Signature: _____

Date: _____
