

# Authorizer Designation

Please provide the information specified below. Unless otherwise noted, all fields are mandatory.

**NOTE:** A separate form must be completed for each individual requesting designation as an E-Apps Authorizer.

Please ensure you have the latest version of Adobe Reader in order to save and submit this form electronically (preferred method). You may install the latest version of Adobe Reader for free at <https://get.adobe.com/reader/>. Alternatively, you may print and complete the form. If printed, please scan and submit via email or fax as noted below.

**For assistance in completing this form, please contact the Customer Contact Center (CCC) at (888) 333-7010.**

**Send the completed and signed form to the CCC via: Email:** [ccc.coordinators@kc.frb.org](mailto:ccc.coordinators@kc.frb.org) **or Fax:** (800) 660-7856.

**We, the entity named below, designate the individual identified below as an Authorizer for our Organization.**

<b>Date:</b>	<b>Authorizing Entity Type:</b>	Agent Firm	Financial Institution
<b>Requested Action:</b>	Add New Authorizer	Modify Existing Authorizer's Profile	Delete Authorizer

## Organization Information

Organization Type:	Organization Legal Name:		
City:	State/Province:	Zip/Postal Code:	Country:

**Financial Institutions Only**—If this authorization includes subsidiary organizations, please attach a list to this form on your organization letterhead and include each organization's RSSD, Organization Type, Legal Name and Address.

RSSD ID:

## Authorizer Profile

Name (First, Middle Initial, Last):	Previous Name (If applicant's name has changed):		
Job Title:	Individual Email Address (No groups):		
Main Switchboard Phone Number:	Fax Number:		
Street Address:			
City:	State/Province:	Zip/Postal Code:	Country:

**AUTHORIZATION:** On behalf of our organization, I designate the above-named individual as an Authorizer. He or she is responsible for identification, authentication, and notification processes between our Organization and the Federal Reserve Board related to the Electronic Applications System (E-Apps). The authority of the Authorizer includes designating individuals 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 E-Apps. In addition, the Authorizer 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 when using E-Apps certificates will be legally binding on the Organization. We agree to the terms and conditions of the Reserve Banks' Operating Circular No. 5 ("OC 5"), including the Certification Practice Statement ("CPS"), and our Authorizers and Applicants/Users will comply with all specified terms and conditions of OC 5 and the CPS (in the case of certificate holders), as well as all applicable security procedures, as they are all amended from time to time. OC 5 and the CPS are both located on [FRBservices.org](http://FRBservices.org). 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 Authorizer until you receive, and have had a reasonable time to act upon, a written amendment or revocation of this authorization.

By typing my name in the indicated fields, I am signing this document and affirming the truth of the information submitted. I understand that signing the document in this manner is the legal equivalent of having placed my handwritten signature on the document.

Authorizer's Printed Name:	Job Title:		
Email Address:	Phone Number:	Date:	

### FEDERAL RESERVE USE ONLY:

Due Diligence Verification Signature:

Date: