

FEDERAL RESERVE BANK REPORTING CENTRAL FEDLINE® ACCESS AUTHORIZATION LIST

RSSD-ID Number: _____

Page _____ of _____

This supersedes our previous Federal Reserve Bank Reporting Central FedLine Access Authorization List: YES or NO
If neither "Yes" nor "No" is indicated, the previous list will remain in effect. All fields are required.

Official Company Name:	Effective Date:
Address (<i>street, city, state, country, zip code</i>):	Telephone (<i>including area code</i>):

Authorized Individuals Provide the names, titles, and signatures of the individuals authorized to designate and manage End User Authorization Contacts (EUACs) for Reporting Central on behalf of the organization indicated above.

Name and Title (<i>print</i>)	Telephone No. and E-Mail Address	Signature

Authorizing Officer Must be certified below by Company's Secretary to have the authority to contractually bind Company and to provide a list of other Company officials who are authorized to execute contracts and transact business with the Federal Reserve Banks and to issue Reporting Central-related instructions on behalf of the Company.

Signature: _____ _____ Authorizing Officer Name and Title (<i>print</i>) _____ Telephone _____ E-Mail Address _____	State of _____ County of _____ Subscribed and sworn to before me on _____, 20____, <small style="margin-left: 150px;">Date of Signature</small> by _____ <p style="text-align: center;">Authorizing Officer's Name (<i>print</i>)</p> _____ Notary Public (<i>Notary Seal</i>)
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Secretary's Certification

I, _____, Secretary (or Assistant Secretary) of the above Company, do hereby certify that _____ is authorized by Company's _____ <small style="margin-left: 100px;">Authorizing Officer's Name</small> by-laws and/or board of directors to contractually bind Company and to provide a list of other Company officials who are authorized to execute contracts and transact business with the Federal Reserve Banks and to issue Reporting Central-related instructions on behalf of Company. Signature: _____	State of _____ County of _____ Subscribed and sworn to before me on _____, 20____, <small style="margin-left: 150px;">Date of Signature</small> by _____ <p style="text-align: center;">Secretary's (or Assistant Secretary's) Name (<i>print</i>)</p> _____ Notary Public (<i>Notary Seal</i>)
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Email the completed form to ccc coordinators@kc.frb.org

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