

[Financial Institution Letterhead]

Date

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

Re: Appointment of Agent Firm for Electronic Applications (E-Apps)[®] Filings

To Whom It May Concern:

On behalf of _____, I
(Financial Institution Legal Name)

hereby designate _____ as a third-party agent firm, and
(Agent Firm Legal Name)
authorize the use of E-Apps to submit regulatory filings on behalf of our organization. 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____,
(Date of Signature)

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