

FEDERAL RESERVE  FINANCIAL SERVICES

End User Authorization Contact (EUAC) Designation and Authorization Form For Armored Carriers (“EUAC Form”)

Required Fields*

Section 1: Service Description and Form Instructions

This form gives the EUAC authority to designate authorized individuals (Subscribers) to transact Coin Terminal and/or Custodial Inventory business using the FedLine Web[®] access solution. Once received and processed, a FedLine[®] credential will be issued to the EUAC. The EUAC will use the credential to access the EUAC Center, which enables the EUAC to submit Subscriber requests and access Subscriber reports and FedLine documentation.

- A separate form must be completed for each individual that will be designated as an EUAC.
- The form must be signed by an individual listed on your organization’s Official Authorization List (OAL).
- [Custodial Inventory Service](#) and [Coin Terminal Service](#) descriptions are available on FRBservices.org.

Original Form Required

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

Send the completed and signed original paper version of this form to:

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

Section 2: Customer Information

| | |
|--|--|
| Organization Name* | |
| 9 Digit Customer Identification Number (CIN)* | |

Section 3: Service Specific Information

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|----------------------|---|
| Request Type* | <input type="checkbox"/> ADD EUAC <i>Complete Sections 2, 3 and 4.</i> <input type="checkbox"/> MODIFY Profile <i>Select Modify Profile when changes are made to the EUAC Profile information contained in Section 3.1. Complete Section 2, make the appropriate changes in Section 3.1 and complete Sections 3.2 and 4.</i> DELETE EUAC <i>Select only one option below. Complete Sections 2, 3.1, 3.2 and 4.</i> <input type="checkbox"/> EUAC will no longer require any of the EUAC access levels. <i>Only the Self-Service access level will be removed from the credential. If the individual has access to other services, those Subscriber functions will be retained.</i> <input type="checkbox"/> EUAC will no longer be performing EUAC or Subscriber functions. <i>All EUAC and Subscriber functions will be removed from the credential and the credential will be deleted.</i> |
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Section 3: Service Specific Information (continued)

Section 3.1: EUAC Profile

| | | | |
|---|--------------|-----------|------------------|
| EUAC Name* | <i>First</i> | <i>MI</i> | <i>Last</i> |
| EUAC's New Name <i>Complete only if EUAC's name has changed.</i> | <i>First</i> | <i>MI</i> | <i>Last</i> |
| EUAC Email Address* <i>Must be valid individual email address. A group email address will not be accepted.</i> | | | |
| Street Address* <i>Do not provide a P.O. Box number.</i> | | | |
| City* | | | |
| State* | | | |
| Zip Code* | | | |
| Phone Number* <i>Main location number with area code</i> | <i>Phone</i> | | <i>Extension</i> |
| EUAC After-Hours Number <i>Direct phone number with area code. This phone number may be used to contact this EUAC for urgent business requests outside of normal processing hours.</i> | <i>Phone</i> | | <i>Extension</i> |

Section 3.2: Alternate EUAC Profile

The Alternate EUAC will receive and be responsible for distributing new tokens or credential information to the EUAC identified above. The individual listed as the "Alternate EUAC" must be designated as an EUAC.

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|---|--------------|-----------|------------------|
| Alternate EUAC Name* <i>Must be a current EUAC for your organization.</i> | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Alternate EUAC Email Address* <i>Must be valid individual email address. A group email address will not be accepted.</i> | | | |
| Street Address* <i>Do not provide a P.O. Box number.</i> | | | |
| City* | | | |
| State* | | | |
| Zip Code* | | | |
| Phone Number* <i>Main location number with area code</i> | <i>Phone</i> | | <i>Extension</i> |

Section 4: Authorized Approval

We, the organization named on page 1 (“Participant”), designate the individual indicated in Section 3.1 as an End User Authorization Contact (EUAC) for our organization. We understand that Participant must designate at least two EUACs. The EUAC is responsible for identification, authentication and notification processes between Participant and the Reserve Banks related to the Coin Terminal and/or Custodial Inventory service. This includes advising the Reserve Bank of Subscribers who should be issued a credential (FedLine Security Token) in order to transact business over FedLine Web and specifying the services Subscribers may access. We agree that our organization will be considered to be an “Institution” under and subject to the terms and conditions of the Reserve Banks’ Operating Circular No. 5 (“OC 5”), and the Certification Practice Statement (“CPS”), and our EUACs and Subscribers will comply with all specified terms and conditions of OC 5 and the CPS (in the case of certificate/FedLine Security Token and pass phrase 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. The Reserve Banks may rely on and act upon instructions or other information related to the Coin Terminal and/or Custodial Inventory service that the Reserve Banks receive from (or reasonably believe that they have received from) the EUAC, until the Reserve Banks receive (and have had a reasonable time to act upon) a written amendment or revocation of this authorization.

The person signing this form must have signatory authority for the organization and must be listed on the Official Authorization List (OAL), and the signature must match the signature as it appears on the OAL. The person signing this form cannot be the same person as the EUAC.

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|--------------------------------|--------------|-----------|-------------|
| Authorized Signer Name* | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Authorized Signature* | | | |
| Date* | | | |

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|--------------------------------------|--|
| Federal Reserve Use Only | |
| Due Diligence Verification Signature | |

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