



# Collect Registration Form

The Bureau of Consumer Financial Protection’s Collect website allows financial institutions to respond to the semi-annual Terms of Credit Card Plans (TCCP) Survey. Please complete and submit this form to the Collect Support Team to establish a point of contact (POC) for your company. The POC will then be able to submit TCCP Surveys to the Bureau and create additional profiles for other employees of your financial institution to submit TCCP Surveys. For questions concerning this form, please contact the Collect Support Team at [Collect\\_Support@cfpb.gov](mailto:Collect_Support@cfpb.gov).

## Company information

**1** Please provide your company’s name and headquarters location.

COMPANY NAME

CITY (HEADQUARTERS)  STATE

**2** Please provide your company’s identification numbers. You must provide at least one.

LEI

RSSD ID  TAX ID (TIN)

## Contact information

**3** Please provide the name and contact information for the individual who will be your financial institution’s POC.

FIRST NAME  LAST NAME

POSITION TITLE  WORK EMAIL ADDRESS

WORK PHONE  -  -  ALTERNATE WORK PHONE (OPTIONAL)  -  -

## Submission instructions

To submit this form, please email it to [Collect\\_Support@cfpb.gov](mailto:Collect_Support@cfpb.gov).

## Privacy Act Statement

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The information you provide will permit the Bureau to process your request or inquiry so you may access a system or interact with a Bureau information technology system. Information about your request or inquiry (including your personally identifiable information) may be shared pursuant to the CFPB's published Privacy Act system of records notice CFPB.014 Direct Registration and User Management System. This collection of information is authorized by 12 U.S.C. § 5492. Failure to provide the requested information may prevent the Bureau from granting you direct access to this system.

## Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0001. It expires on XX/XX/XXXX. The time required to complete this information collection in its entirety is estimated to average 1 minute per response. The obligation to respond to this collection of information is voluntary, however, is required in order to register to use the Collect system. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [PRA\\_Comments@cfpb.gov](mailto:PRA_Comments@cfpb.gov).



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## For questions and submission

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