

# End User Authorization Contact (TAAPS EUAC) Designation and Authorization for TAAPS



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**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

To the Federal Reserve Bank of New York:

We designate the following two individuals as TAAPS End User Authorization Contacts (TAAPS EUAC) for our Institution as per the Certification Practice Statement associated with TAAPS. The TAAPS EUACs are responsible for identification, authentication and notification processes between our Institution and the Federal Reserve Bank of New York or its agents related to TAAPS. This includes advising you of authorized individuals called Subscribers (i.e., users) who should be issued a credential (a certificate on a USB token and/or user ID, password or passphrase) in order to access and transact business over TAAPS. Subscribers will comply with all terms and conditions specified in the Submitter Agreement, and all agreements referenced therein, as well as all applicable security procedures. You and your agents may rely on and act upon instructions or other information related to TAAPS that you receive from (or reasonably believe that you have received from) either of the TAAPS EUACs until you receive (and have had a reasonable time to act upon) a written amendment or revocation of this authorization.

Note: Please provide the information specified below. All fields are mandatory except the Middle Initial field.

	TAAPS EUAC	TAAPS EUAC
First Name		
Middle Initial		
Last Name		
Telephone Number-Direct line		
Telephone Number-Main line		
Email Address		
Street Address		
City/State/Zip		
Add/Modify/Delete TAAPS EUAC	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete

Authorized Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*The individual signing this form must have signatory authority for the Institution and may not be designated as a TAAPS EUAC on this form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

For WSS EUAC Use Only	
Due Diligence Verification Signature	

**Privacy and Paperwork Reduction Act Notices.** The information collected is not associated with a Privacy Act system of records and is not subject to provisions of the Privacy Act. We estimate it will take you about 05 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.