

EZ CLEAR ENROLLMENT FORM

DATE

REVISED FORM YES NO

SECTION 1 GENERAL INFORMATION

A. Name of Financial Institution _____
Bank Name

B. Address of Financial Institution _____
Street Address

_____ -
City State Zip

C. Routing/Transit Number of Financial Institution - -

D. Contact Name & Telephone Number _____
Name
[] -
Telephone Number Extension

E. Date you will begin processing _____ / _____ / _____

SECTION 2 ACH INFORMATION FOR REDEMPTION FEE PAYMENTS (COMMISSION)

A. Please check ONE box below and complete the information pertaining to that box.

Redemption fees due should be credited to the following Internal Account Number at our institution *

General Ledger _____
Internal Account Number

Demand Deposit/Share Draft _____
Internal Account Number

* If you do not provide an Internal Account Number, an account number of 9999-9999-9999 will be used

Redemption fees due should be credited to a Demand Deposit/Share Draft Account Number at the following correspondent institution

_____ Name of Correspondent Institution

- -
Routing/Transit Number of Correspondent Institution

_____ Your Account Number at Correspondent Institution

SECTION 3 AUTHORIZATION

The undersigned depository institution agrees to abide by the terms and conditions set forth in Regulation I, the current Operating Letters or Circulars of its local Federal Reserve Bank, and Treasury Regulation 31 CFR Part 321, and any amendments and changes to the Regulations and Letters/Circulars which may be made hereafter. We also authorize you to credit the above specified account number for our redemption fees, and to make other appropriate adjustments related to redemption fees resulting from our participation in the EZ CLEAR Program.

Signature of Authorized Officer

Name and Title

Sign this original, keep a copy for your files, then mail the signed original to:

EZ Clear Central Processing Site
Federal Reserve Bank - Pittsburgh
P.O. Box 867
Pittsburgh, PA 15230-0867

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