

**ASAP Software Request Form for Federal Agencies
Section I - Organization Information**

Organization Name: _____

Organization Address: _____

Primary Contact Name: _____ Phone Number: _____

Secondary Contact Name: _____ Phone Number: _____

Fax Number: _____

Section II - Software Request Information

For on-line access to ASAP, indicate a reference name for each PC you will install the software on. Leave the Node Name/Pseudo ABA column blank.

RFC/FRB Use Only

ASAP ID: _____

These sections are to be completed by the Federal Agency.

Reference Name	Name and Model of PC	Operating System Type and Version	Node Name /Pseudo ABA

Do you plan to transmit batches of accounts and/or authorizations to the ASAP system? Yes No

If you plan to transmit batches to ASAP, will your automated interface be in place at the point that you initially implement with ASAP, or will you establish an automated interface in the future? _____

Please indicate how you would like the following reports transmitted to you:

Account-related reports:	<input type="checkbox"/> Fax	<input type="checkbox"/> Via Automated Interface	<input type="checkbox"/> None
Authorization-related reports:	<input type="checkbox"/> Fax	<input type="checkbox"/> Via Automated Interface	<input type="checkbox"/> None
Payment-related reports:	<input type="checkbox"/> Fax	<input type="checkbox"/> Via Automated Interface	<input type="checkbox"/> None

If you request to have these reports faxed, please provide a primary and secondary fax number.

Primary Fax #: _____

Secondary Fax #: _____

Section III - Certifying Officer's Signature

Signature

Title

Name

Phone Number

Date

