ASAP Organization Enrollment and User ID Request Form for Federal Agencies

Section I - Organization Information

| Date: Action: [] NEW [] CHANGE | | | | | Agency Location Codes (ALCs): | | | | | |
|---|-------------------------|--------------------|----------------------------|------------------|--|-------------------------|---------------------------|--------------------|-----------------|---------------------|
| Federal Agency Name: | | | | | Federal Agency Short Name (10 characters maximum): | | | | | |
| Mailing Address: | | | | _ S | Street Address: | | | | | |
| City, State, Zip: | | | | _ (| City, State, Zip: | | | | | |
| Primary Contact Name: | | | | _ S | Secondary Co | ontact Name: _ | | | | |
| Phone: Fax: | | | _ P | Phone: | | F | ax: | | | |
| E-Mail Address: | | | | | E-Mail Address: | | | | | |
| | | Section | II – Individual Us | ser Infor | mation | | | | | |
| NAME Include First, Middle Initial, and Last | TELEPHONE | E-MAIL | L MAI | MAILING | FUNCTIONS | | | | | Current Users Only: |
| Name. Each individual MUST sign in the appropriate space on the reverse side. | NUMBER | | ADD (If diffe | PRESS erent from | Enter Accounts | Enter Authorizations | Certify Authorizations | Payment Request | Inquiry Only | User's Logon ID |
| [] Add [] Change [] Delete | | | | <i>-</i> () | | | | | | |
| [] Add [] Change [] Delete | | | | | | | | | | |
| Legend: Functions: A=Add, C=Change, D=Delet Current Users Only: Indicate the existing | | this column for an | y changes to a user's func | tions or acces | SS. | l | l | | ı | I |
| AGENCY ROLES AND RESPONSIBILITY 1. An individual user who has access to 2. An individual user who has payment | o certify authorization | | | | izations, or o | certify authoriz | ations. | | | |
| | | Section | III – Certifying (| Officer's | Signature | | | | | |
| | | | | | | | | | | |
| Signature | | | | Title | tle | | | | | |
| Name | | | | Phone No | umber | | | Date | | |

Form Date: 2/04

FEDERAL RESERVE BANK OF RICHMOND USER RESPONSIBILITY STATEMENT

LOGON ID AND PASSWORD:

The Federal Reserve Bank (FRB) of Richmond will e-mail the individual logon ID and mail the temporary password. The password, which is under your sole control, provides protection for you and us. The pattern of your logon ID may be known by others and the logon ID is displayed on the screen when entered, but your password is not displayed and not known by anyone other than you. After initial logon, all ASAP users must access the system at least once within a six-month period to remain active. After nine months of non-use, your logon ID is deleted and new paperwork must be submitted to your servicing Regional Financial Center (RFC) to reissue your ID. If at any time during the log-on process, the individual's logon ID or password should become suspended please contact the FRB Customer Support Hotline at (804) 697-8384.

USER RESPONSIBILITIES:

Once assigned a logon ID and temporary password by the FRB of Richmond, you agree to be responsible for the consequences that result from the disclosure or use of your password. To avoid compromising your password, you agree that you will:

- not make your password known to anyone or put it in written form unsecured.
- prevent others from watching you enter your password and guessing your password (for example, you should not use names of persons, places, or things that are identified with you).
- passwords MUST be at least 8 characters, contact your servicing RFC for the proper format.
- log off of the system whenever you leave your computer unattended.

Your password expires after 45 calendar days. We encourage all users to change their passwords timely. In addition, you must report unauthorized use and if you feel that someone may know your password, you should contact the FRB Customer Support Hotline at (804) 697-8384 to have your password changed immediately.

Please acknowledge acceptance of these responsibilities by signing below. I have read the Federal Reserve Bank of Richmond's User Responsibility Statement, agree to its terms, and understand my responsibilities for the use and protection of my logon ID and password and for the consequences that may result from disclosure or use. If I fail to adhere to any of the terms in this statement, the Federal Reserve Bank of Richmond may revoke my logon ID and take other appropriate action.

| User's Signature: | Date: |
|-------------------|-----------|
| _ | |
| User's Signature: | Date: |

Form Date: 2/04 Filename: FPA User ID for Gov 2-04