

CASHLINK II

Financial Institution Community User Profile Requestor (UPR) Enrollment Worksheet

Block A - Financial Institution and Relationship Officer Information (To be completed by Relationship Officer)

(Please type or legibly print.)

Relationship Officer Name _____

Relationship Officer Title _____

Financial Institution Name _____ ABA Number _____

Address _____

I designate the individuals as identified in Block B to serve in the capacity of CASHLINK II User Profile Requestor for the above named Financial Institution. I also acknowledge that I am accountable and responsible for the actions of these individuals while serving in the capacity of CASHLINK II User Profile Requestor, for the above named Financial Institution. I further certify that the named individuals in Block B have been thoroughly briefed on their CASHLINK II security responsibilities.

(Relationship Officer's Signature)

(Date)

(Area Code)-(Phone Number)

Block B - UPR Information (To be completed by Relationship Officer)

(Please type or legibly print.)

1. Primary UPR (Required)

First Name: _____

Last Name: _____

Department: _____

Mailing Address: _____

City: _____

State (USA only): _____

Zip code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

2. Secondary UPR (Required)

First Name: _____

Last Name: _____

Department: _____

Mailing Address: _____

City: _____

State (USA only): _____

Zip code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

CASHLINK II

Financial Institution Community User Profile Requestor (UPR) Enrollment Worksheet Instructions

1. General Information.

The Relationship Officer has the authority and responsibility for identifying individuals within his/her financial institution that require access to CASHLINK II to view, download or originate transactions for his/her Financial Institution User Group, as identified in Block C below. (Refer to your completed copy of the Financial Institution User Group Set Up Worksheet for additional information.)

The User Profile Requestor (UPR) is an individual designated by the Relationship Officer to be the Financial Institution User Group's first enrollee into CASHLINK II. The UPR has the ability to request that additional personnel within his/her financial institution, as approved for such by the Relationship Officer, be granted access to the CASHLINK II functions, inquiries, outputs and notifications available to the User Group. The basic functions performed by the UPR for the Financial Institution User Group are as follows:

- Requests creation of and updates to CASHLINK II user profiles for financial institution personnel;
- Distributes User IDs and Temporary Passwords to financial institution personnel assigned to the User Group; and
- Periodically re-certifies to CASHLINK II that financial institution personnel assigned to the User Group are still authorized to access CASHLINK II.

The individual(s) designated as UPR(s) may be assigned other Roles within CASHLINK II; however, a UPR is the only individual within the financial institution User Group that can electronically request additional financial institution personnel be granted access to CASHLINK II. Please refer to the Financial Institution UPR Handbook for further information.

2. Block A - Financial Institution and Relationship Officer Information.

Please provide the following:

- Financial Institution Name
- Financial Institution Address
- ABA Number
- Relationship Officer Name
- Relationship Officer Signature, Date and Phone Number

3. Block B - UPR Information.

At least two individuals, but no more than three, need to be designated as a UPR. An individual designated as a UPR must maintain an active CASHLINK II user profile status in order to fulfill the UPR responsibilities. For each of the designated UPRs, please provide the information required in Blocks B1 and B2.

4. Worksheet Delivery.

Mail the completed UPR Enrollment Worksheet to your FMS Account Manager using the envelope provided.

5. Questions.

Contact the CASHLINK II Call Center:

1-800-346-5465

301-887-6600 (DC & International)

For FMS Account Manager Use Only

Date Worksheet Received ____/____/_____
(mm/dd/yyyy)

Community: Financial Institution

Date Worksheet Processed ____/____/_____
(mm/dd/yyyy)

User Group: _____
(To be completed prior to mailing to Relationship Officer)

Processed by _____
(Account Manager Name)

(Area Code) - (Phone Number)