	ASAP/	AMA Organizatio	n Enrollment a	and User ID Request Forr	n for EB	T Processors	5		
Organization Name: Organization Short Name (10 characters maximum): Street Address:				Employer Identification Number (EIN):					
					City, State and Zip: Secondary Contact Name:				
Phone:	Fax:			Phone:			Fax:		
Internet E-Mail Address:				Internet E-M	ail Addres	s:			
		Se	ection II - Indiv	vidual User Information					
These sections are to be completed by the EBT Processor.  By signing below, users accept the terms of the Federal Reserve Bank of Richmond's User Resporback of this form.				sibility Statement printed on the	These sections are for RFC/FRB Use Only. ASAP ID:				
Name First, Middle Initial, Last (for changes and deletes, also indicate User ID)	Telephone Number	Indicate A to add access to a function, D to delete.		Signature & Date	RFC Use	FRB Use Logon ID	FRB Use Date	FRB Use Completed By	
		Payment Request & AMA Inquiry	AMA Issuance & ASAP Inquiry		User Group			Reviewed By	
G Add G Change G Delete									
G Add G Change G Delete									
G Add G Change G Delete									
A single user may NOT have according	ess to both Payment I	Request and AMA.			l	l		L	
			Section III - Autho	orizing Official's Signature					
Signature				Title					
Name				Phone Number			Date		

Form Dated: 11/96 THIS IS A TWO-SIDED FORM

## FEDERAL RESERVE BANK OF RICHMOND USER RESPONSIBILITY STATEMENT

## LOGON ID AND PASSWORD:

The Federal Reserve Bank of Richmond has assigned you a temporary password, which you must change immediately. 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 terminal screen when entered, but your 6 to 8 character 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. If at any time during the log-on process the individual's logon ID or password should become suspended or revoked, please contact your servicing Regional Financial Center.

## YOUR RESPONSIBILITIES:

In consideration of being assigned a logon ID and temporary password by the Federal Reserve Bank of Richmond, you agree to be responsible for the consequences that result from the disclosure or use of your password. In particular, to avoid compromising your password, you agree that you will:

- 1) not make your password known to anyone or put it in written form;
- 2) prevent others from watching you enter your password;
- 3) take care to prevent others from guessing your password (for example, you should not use names of persons, places or things that are identified with you or such words as "password" and "secret"); and
- 4) log off of the system whenever you leave the terminal unattended.

You must change your password periodically. In addition, you must report unauthorized use and, if you feel that someone may know your password or otherwise feel insecure, you should CHANGE THE PASSWORD IMMEDIATELY.

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 their 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.

Please acknowledge acceptance of these responsibilities by signing the front of the ASAP Organization Enrollment and User ID Request Form for EBT Processors.

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