

1. APPLICANT ORGANIZATION (must be a physical address of the organization requesting the ETI)				
Full legal title:				
Address:			Phone:	
County:	City:	State:	Zip:	-
2. CONTACT INFORMATION				
Name:		Title:		
Address:				
City:	State:	Zip:	Phone:	-
Email:			Fax:	
3. TYPE OF ORGANIZATION (check one)				
Please include a copy of your business license from the Secretary of State, Department of Commerce or issuing agency.				
Non-bank subsidiary of a bank or holding company [] Clearing house [] Non-bank affiliated processor [] Other (please type)		LexisNexis Risk Solutions use only:		
Holding company title (if applicable) :				
City:	State:	Zip:	-	
Anticipated date of opening (if applicable) :				
4. ELIGIBILITY REQUIREMENTS				
BEFORE PROCESSING THIS APPLICATION LEXISNEXIS RISK SOLUTIONS MUST RECEIVE CONFIRMATION THAT THE FEDERAL RESERVE RECOMMENDS ASSIGNMENT OF AN ELECTRONIC TRANSACTION IDENTIFIER (ETI) TO YOUR ORGANIZATION.				
Do you have confirmation from the Federal Reserve Bank that is has agreed to receive or transmit payments information to/from your organization? Yes [] No []				
IF NO, PLEASE CONTACT THE FEDERAL RESERVE BANK.				
FED contact name:			Phone:	
In order to be assigned an ETI your organization must be designated by one or more financial institutions as a processor. PLEASE PROVIDE THE INSTITUTION INFORMATION BELOW				
Institution legal title:				
City:	State:	Zip:	-	
Contact name:			Phone:	
Does your organization already have an Electronic Transaction Identifier? Yes [] No []				
If yes, please list the Electronic Transaction Identifier:				

AGREEMENT

The applicant understands that its authority to provide financial or payment services rests with legally chartered Financial Institutions. The assignment of an ETI does not convey to the applicant any such powers of authority.

Additionally:

- 1) The applicant affirms that an ETI **does not identify** the bank obligated to settle for the transaction and cannot be used to identify a party to be debited or credited in a financial transaction. **ETIs MAY NOT APPEAR ON CHECKS OR DRAFTS.**
- 2) The applicant agrees to abide by the Routing Number policy of the Routing Number Administrative Board of the ABA.
- 3) The applicant agrees that the assignment or use of an assigned ETI conveys **no rights of ownership to the number and cannot be transferred to another institution/organization without the permission of the Routing Number Administrative Board.**
- 4) The applicant agrees to give up the ETI if for any reason it no longer meets the eligibility criteria established in the Routing Number Policy of the Routing Number Administrative Board.
- 5) A nominal licensing fee will be charged annually for each assigned ETI. The fee, which is currently **\$98**, provides for the administration expenses required to maintain each number in the Routing Number system, and may be adjusted as expenses warrant.

5. BILLING INFORMATION: A valid email address (*preferably from accounts payable*) is required for billing purposes.

Name:		Title:
Address:		City/State/Zip:
Email:	Accounts Payable Email:	

6. SIGNATURE: This application must be signed by an officer of the applicant organization.

Signed:	Name (please print):
	Title:
	Date:

7. MAILING INFORMATION: Please send completed application, appropriate documentation and payment to cover research and processing to:

LexisNexis Risk Solutions • 1007 Church Street, Floor 6, Evanston, IL 60201 Attn: Routing Number Registrar
• Fax: 847.933.8040 • E-mail: registrar@lexisnexisrisk.com

8. PAYMENT: The application fee is \$750 if applying for the organization's first ETI, or \$940 if applying for any additional ETI.

Check enclosed: <input type="checkbox"/> \$750 <input type="checkbox"/> \$940	Please Bill Me: <input type="checkbox"/> \$750 <input type="checkbox"/> \$940 (the invoice will be sent to the above billing contact name)
---	--

The application takes approximately two weeks to process upon receipt of complete application. Incomplete information may delay processing.
Your request will be forwarded to the Federal Reserve Office in your district for verification.