

ROUTING NUMBER APPLICATION

LexisNexis Risk Solutions is the official Registrar for the American Bankers Association.



ALL ROUTING NUMBERS ASSIGNED BY THE REGISTRAR WILL BE PUBLISHED IN THE KEY TO ROUTING NUMBERS

1. APPLICANT INSTITUTION (must be the p	physical address of the ho	ead office o	f the institut	ion reque	sting the	routing number	.)	
Full legal title:	•					J	·	
Charter address:					Phone	:		
County:	City:			State:	ate: Zip: -			
Holding company title/city/state:	•							
2. ADDRESS OF THE BRANCH/OFFICE USI	NG THE ROUTING NU	MBER (if di	fferent from	above)				
Address:								
County:	City:			State:		Zip:	-	
3. CONTACT INFORMATION								
Name:			Title:					
Address:								
City:	State:	Zip:	-		Phone	:		
Email:					Fax:			
4. TYPE OF INSTITUTION/CHARTER INFORMATION								
Chartering organization or agency (OCC, State DFI, NCUA, etc):								
Contact name (at chartering organization o			Phone:					
Type of charter (Commercial Bank, Ltd. Purpose, Savings Bank, Credit Union, etc):								
Charter approval (by chartering agency) Preliminary received on:					Final received on:			
✓ PLEASE INCLUDE A COPY OF YOUR INSTITUTION'S PRELIMINARY OR FINAL CHARTER APPROVAL FOR A DE NOVO BANK								
Anticipated date of opening: (you must notify us on the day the institution/branch is open for business)								
5. REGULATOR / EXAMINER (please check all that apply) LexisNexis Risk Solutions use only.								
FDIC [] NCUA [] State I	Banking Authority [1						
CC [] Federal Reserve Bank []								
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6. ELIGIBILITY REQUIREMENTS								
Is your institution eligible to maintain an account at a Federal Reserve Bank?								
(Per section II.A. of the RNAB routing number an institution must be eligible to maintain an		_			Yes [] No [J	
FED contact name:				Phone:				
If this application is for an additional routing number, please explain how will the number be used (existing institutions only):								

AGREEMENT

The applicant understands that its authority to provide financial or payment services is governed by the charter granted by your chartering agency. The assignment of a routing number to the applicant institution does not expand the powers of that institution as specified in its charter, articles of association or rules and regulations of the chartering agency.

Additionally:

- 1) The applicant affirms that it is a state or federally chartered institution, eligible to maintain an account at a Federal Reserve Bank.
- 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 routing number conveys no rights of ownership to the number.
- 4) The applicant agrees that an assigned routing number cannot be transferred to another institution without the permission of the Routing Number Administrative Board.
- 5) The applicant agrees to give up the Routing Number: should it relinquish its charter or if for any reason the continued retention of the Routing Number no longer meets the eligibility criteria established in the Routing Number Policy of the Routing Number Administrative Board.
- 6) A nominal **licensing** fee will be charged annually for each assigned number. 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.

7. BILLING INFORMATION: A valid email address (preferably	from accou	nts payable) is required for billing purposes.					
Name:	Title:						
Address:		City/State/Zip:					
Email:	Accounts	counts Payable Email:					
8. SIGNATURE: This application must be signed by an officer of	of the applic	ant institution.					
Signed:		Name (please print):					
	Ti	tle:					
	D	ate:					
9. 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							
10. PAYMENT: The application fee is \$550 if applying for the number.	e institution	's first routing number, or \$700 if applying for any additional routing					
Check enclosed: ☐ \$550 ☐ \$700 Please Bill N	vie: □\$!	550 \$700 (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 in your district for verification. When the application is returned to us from the Federal Reserve, we will send you an official assignment of the number. For information on applying for a Traveler's Check routing number, Electronic Transaction Identifier or Transfer/Reinstatement of a routing number, please contact the Routing Number Registrar at the address above.