

**Bank Management System (BMS)
Financial Institution (FI) User Authorization Form**

The User listed is designated to perform the Role and Organization(s) responsibilities in the Bank Management System (BMS), in accordance with the BMS Security Matrix.

Note: Please provide all required information in each section; incomplete information may result in the denial of access.

Section 1 – General Information

Select User Type	Select User Type
Select User Role	Select Primary User Role

Section 2 – User Profile Information

First Name			
Last Name			
E-mail Address			
Phone Number			
Financial Institution Name			
ABA Number			
FI Street Address			
FI Street Address Line 2			
City		State	Zip

Section 3 – Authorized Signature

By signing below, the individual certifies they are duly authorized by the organization to designate individuals who can serve as a Bank Management System (BMS) user. The authorized individual will be contacted and must confirm the signature before request can be completed. **Authorized individual signing this form cannot be designated as the user on this form.**

Name (print)		Signature	
Title		Phone	Date
Email Address			

**Please submit completed form via e-mail to
STLS.BMS.Support@stls.frb.org**