

**FEDERAL RESERVE BANK OF NEW YORK
Statistics Function**

**Mail To: Shared National Credit Business Office
Federal Reserve Bank of New York
Statistics Function
33 Liberty Street, 4th Floor
New York, New York 10045-0001**

eSNC ACCESS CONTROL FORM

This form is used to add, update, and delete eSNC User profiles at the Federal Reserve Bank of New York.
Please use a separate form for each User.

USER INFORMATION

User Name: _____ (*First Middle Last*)

Title: _____

Institution: _____

Action Requested: New User
(check one) Update User
 Delete User

Access Requested: Level 1 Access (*User may enter SNC Data but may not submit it.*)
(check one) Level 2 Access (*User may enter and submit SNC Data.*)

Address 1: _____

Address 2: _____

City: _____

State (or Province): _____ Zip Code: _____

Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

I have read and agree to the terms of the attached eSNC User Agreement. If I am requesting Level 2 Access, I hereby warrant and represent that I, as an eSNC User, have the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

User Signature: _____ Date: _____

SNC CONTACT INFORMATION

(Must be completed by the Institution's SNC Contact.)

SNC Contact Name: _____ *(First Middle Last)*

Title: _____

Institution: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

I authorize the above-named User to use eSNC. If the User is requesting Level 2 Access, I hereby warrant and represent that the User has the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

SNC Contact Signature: _____ Date: _____

AUTHORIZING OFFICER INFORMATION

(If the User is requesting Level 2 Access but neither the User nor the SNC Contact is an officer of the Institution, this section must be completed by the officer under whose direction and authority the User acts. Otherwise, this section may be left blank.)

Officer Name: _____ *(First Middle Last)*

Title: _____

Institution: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

I hereby warrant and represent that the above-named User has the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

Authorizing Officer Signature: _____ Date: _____

User ID: _____ *(To be completed by FRBNY)*