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| **Over the Counter Channel Application (OTCnet)****Primary Local Security Administrator (PLSA) Authorization Form** |

The Officer of the Financial Institution identified below designates the following to serve as Primary Local Security Administrator (PLSA) and Local Security Administrator (LSA) for the Over the Counter Channel (OTCnet) Application. Each PLSA may designate other individuals as Users or Local Security Administrators (LSAs). **It is** **required that you have 1 PLSA and at least 1 LSA per Financial Institution.**

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| **Section 1 – Request Type** |
| [ ]  **Create New Financial Institution, PLSA, and LSA** | *Note: The PLSA and LSA User has access to maintain users and user permissions for OTCnet in TWAI. PLSA and LSA User does not have access to confirm deposits. PLSA and LSAs may have no other OTCnet role.* |
| ***OR*** |  |
| [ ]  **Modify Financial Institution or PLSA:** |  |
|  | **[ ]  Change Financial Institution Name or RTNs** **[ ]  Change PLSA Name**  (current credentials will be deleted, new credentials will be issued)  Current Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  **Modify PLSA Information** (only applies to PLSA’s phone number or address)[ ]  **Delete PLSA** (attach an authorization form for a new PLSA)  |
| **Section 2 – Financial Institution Information**  |
| Financial Institution Name:       Financial Institution Address (City, State):       |
| RTN Number(s):       CA$HLINK II Account Number(s) (CAN): (Please list ALL TGA RTNs) or  Account Key(s) (FRBs only): |
| Do you have multiple processing centers for TGA deposits? [ ] Yes [ ] No |

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| **Section 3 – PLSA Profile**  |
| *Each financial institution may have only one user designated as a PLSA.*  |
| PLSA’s Name (First and Last) |       |
| PLSA’s E-mail Address (not shared)\*Please ensure accuracy – email address is the unique identifier of a user |       |
| Phone Number (direct number to PLSA) |       |
| Street Address (PLSA location) |       |
| Street Address Line 2 (PLSA location) |       |
| City / State / Zip (PLSA location) |       |
| PLSA Activation Date (please check one) | [ ]  Activate Immediately [ ]  Future Activation Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

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| **Section 4 – LSA Profile**  |
| *Each agency must establish one user as their initial LSA, other LSA’s can be added later.*  |
| LSA’s Name (First and Last) |       |
| LSA’s E-mail Address (not shared)\*Please ensure accuracy – email address is the unique identifier of a user |       |
| Phone Number (direct number to LSA) |       |
| Street Address (LSA location) |       |
| Street Address Line 2 (LSA location) |       |
| City / State / Zip (LSA location) |       |
| LSA Activation Date (please check one) | [ ]  Activate Immediately [ ]  Future Activation Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

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| **Section 5 – Officer Authorization**  |
| By signing below the Officer certifies that he/she is duly authorized by the financial institution to designate individuals who can serve as PLSA or LSA. The Officer also agrees to be responsible on behalf of the institution for all security management related to OTCnet access.  |
| **The officer signing this form cannot be designated as a PLSA or LSA on this form.** |
| Name (print) |  | Signature |  |
| Title (required) |  | Phone | ( ) -  | Date |  / / |

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| **Please submit this completed request form to the Treasury OTC Support Center – Information Security.** |
| Please note: The PLSA Form should be emailed to Information Security by the Officer that has signed this form. |
| Email Address for Information Security – **Authorizer must email the form to Information Security**FiscalService.OTCSecurity@citi.com |