

**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.**

Section 1 – Request Type

Create New Financial Institution, PLSA, and LSA
Rules of Behavior for user must also be submitted

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

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 ____/____/____

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 ____/____/____

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 / /

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
FiscalService.OTCSecurity@citi.com