AGENCY PROFILE SHEET



AGENCY INFORMATION:					
Agency Name:			Agency Location Code (four or eight digits):		
OTCnet User: Yes No No			If yes, OTCnet Endpoint Name:		
Agency Contact Name (local):			Agency Contact Email:		
Agency Address:			Agency Phone:		
FREQUENCY Daily or Weekly	AVERAGE Monthly Deposit (\$)	AVERAGE Monthly Currency Deposit (\$)		AVERAGE Monthly checks volume (#) *Excluding Treasury checks	DELIVERY METHOD: Armored Car, Courier or Walk-up (If Armored Car or Courier, please provide name of company)
*Treasury checks: checks volume #: Checks Val-		ie:	Will you deposit: ☐ Encoded Checks OR ☐ Unencoded Checks		
Approximate start date for first deposit: Are the deposits mixed deposits (checks and cash)?					
Approximate number of returned items per month?			Return item/adjustment address if different from above:		
CURRENT BANK INFORMATION:					
Name and Address of Banking Location:					
REQUESTED BANK INFORMATION (if needed attached additional choices):					
Address of Banking Location Requested:					
Banking Location Contact:			Banking Location Phone Number:		
(Please be aware that your preferred choices may not be the approved option.)					
Complete this form and along with your formal request letter, return it to: Federal Reserve Bank of St. Louis P.O. Box 790331 St. Louis, MO 63179 Attention: Treasury General Account Management Team Fax: (314) 444-7346 Phone: (866) 771-1842					