



Member driven.
Community focused.

fhlb.com

Special Payment Order Information (SPO)

Member: _____

FHFA #: _____

Contact Name: _____

Phone #: _____

SPO Type: (Please check ONE box)

We receive funds (Charging Broker)

We pay funds (Accepting Charge from Broker)

CUSIP: _____

TRADE DATE: _____

SETTLE DATE: _____

BROKER DTC #: _____

NET AMOUNT: \$ _____

CONTACT NAME AT BROKER: _____

CONTACT PHONE # AT BROKER: _____

AUTHORIZED BY: _____

PRINTED NAME: _____

DATE OF REQUEST: _____

Fax: 214.441.8512 | member.services@fhlb.com | fhlb.com

FOR FHLB Dallas USE ONLY

Confirm Member Signature and SKG Authorization: Before processing by: _____