



Member driven.
Community focused.

SecureConnect Access Request Form

Institution: _____

FHFA ID#: _____

Section A – User Access Information

Please provide a listing of users that will be given access to the SecureConnect system. User access is based on signature cards on file with the Bank. A user is granted full access to perform transactions they have been approved for, as indicated on the signature cards. **If you list a person below that is not listed on a signature card on file with the Bank, we will grant that person “inquiry-only” access.** This will allow them to review and print all of the reports available on SecureConnect.

SecureConnect access does not affect your ability to call into the Bank.

If a signature card is on file for one of the users you list below, please enter the name as it appears on the signature card. Removing a user from SecureConnect does not remove them from all signature cards. **To change signature cards, contact Member Services desk at 844.FHLBank (844.345.2265) or by email at member.services@fhlb.com.**

Each user will be assigned an authentication token. These tokens are provided to the user prior to installation and are required upon login. Prior notice is required for additional users to receive access.

User Information			Requested Action	
Name	Email	Telephone #	Add	Remove

Section B – Validation

Please confirm that all information provided is correct and complete. Should the inaccuracy of this information impact the cost of the installation, the Bank may bill you for the expenses incurred. I certify that I am a duly elected and qualified officer of the above-named institution and that the above-named individuals are authorized to access the Bank’s SecureConnect system.

Bank Officer Signature: _____

Date: _____

Printed Name: _____

Telephone #: _____