



TRANSFER/REINSTATEMENT APPLICATION

*Accuity
is the official Registrar for the
American Bankers Association.*



1. APPLICANT INSTITUTION (must be the physical address of the head office of the institution requesting the routing number)

Full legal title:			
Charter address:			Phone:
County:	City:	State:	Zip: -
Holding company title/city/state:			

2. ADDRESS OF THE BRANCH/OFFICE USING THE ROUTING NUMBER (if different from above)

Address:			
County:	City:	State:	Zip: -

3. CONTACT INFORMATION

Name:		Title:	
Address:			
City:	State:	Zip: -	Phone:
Email:			Fax:

4. JUSTIFICATION Accuity use only.

Type of request: Transfer [] Reinstatement []			
Routing Number in question:			
How will the number be used: ACH [] To issue checks []			
Fedwire [] Other (please specify):			
Type of transaction (for transfers only): Purchase of branches* [] New office [] Failed institution* []			
Other (please specify):			
Head office legal title (*other institution involved):			
Address:	City:	State:	Zip:
Contact name:			Phone:
Transaction approval (by chartering agency) Preliminary received on:		Final received on:	
Anticipated effective date:	✓ PLEASE INCLUDE A COPY OF THE LETTER GIVING PRELIMINARY OR FINAL APPROVAL FROM THE REGULATORY ORGANIZATION OR AGENCY		

5. REGULATOR / EXAMINER (please check all that apply)

FDIC []	NCUA []	State Banking Authority []	OCC []	Federal Reserve Bank []
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6. ELEGIBILITY REQUIREMENTS

Is your institution eligible to maintain an account at a Federal Reserve Bank?
 (Per section II.A. of the RNAB routing number policy, to qualify for a routing number an institution must be eligible to maintain an account at a Federal Reserve Bank) Yes [] No []

FED contact name:	Phone:
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AGREEMENT

The applicant understands that its authority to provide financial or payment services is governed by the charter granted by your chartering agency. The assignment of a routing number to the applicant institution does not expand the powers of that institution as specified in its charter, articles of association or rules and regulations of the chartering agency.

Additionally:

- 1) The applicant affirms that it is a state or federally chartered institution, eligible to maintain an account at a Federal Reserve Bank.
- 2) The applicant agrees to abide by the Routing Number policy of the Routing Number Administrative Board of the ABA.
- 3) The applicant agrees that the assignment or use of an assigned routing number conveys **no rights of ownership to the number**.
- 4) The applicant agrees that an assigned routing number **cannot be transferred to another institution without the permission of the Routing Number Administrative Board**.
- 5) The applicant agrees to give the up the Routing Number: should it relinquish its charter or if for any reason the continued retention of the Routing Number no longer meets the eligibility criteria established in the Routing Number Policy of the Routing Number Administrative Board.
- 6) A nominal **licensing** fee will be charged annually for each assigned number. The fee, which is currently **\$96**, provides for the administration expenses required to maintain each number in the Routing Number system, and may be adjusted as expenses warrant.

7. BILLING INFORMATION: Please list the contact name and address for routing number licensing fee billing purposes.

Name:	Title:	
Address:		
City:	State:	Zip: -

8. SIGNATURE: This application must be signed by an officer of the applicant institution.

Signed:	Name (please print) :
	Title:
	Date:

9. MAILING INFORMATION: Please send completed application, appropriate documentation and payment to Accuity to cover research and processing to:

Mailing address: Accuity • PO Box 916 • Skokie, IL 60076 • Attn: Routing Number Registrar
Physical address: Accuity • 4709 Golf Road • Skokie, IL 60076 • Attn: Routing Number Registrar
or fax it to **847.933.8040** or email it as a PDF attachment to **Registrar@AccuitySolutions.com**

10. PAYMENT: The application fee is \$460 if applying for the institution's first routing number, or \$590 if applying for any additional routing number.

Check enclosed: <input type="checkbox"/> \$460 <input type="checkbox"/> \$590	Please Bill Me: <input type="checkbox"/> \$460 <input type="checkbox"/> \$590 <i>(Accuity will send the invoice to the above billing contact name)</i>
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The application takes approximately two weeks to process upon receipt of complete application. Incomplete information may delay processing. We will send you an official confirmation on the transfer/reinstatement of the number and notify the Federal Reserve in your district of the transfer/reinstatement. For information on applying for a routing number, Traveler's Check routing number or Electronic Transaction Identifier, please contact the Routing Number Registrar at the address above.