|  |  |  |
| --- | --- | --- |
|  | U.S. Bank SinglePoint® System Administrator Authorization Form |  |

The purpose of this form is to create or update SinglePoint system administrators.

|  |  |  |  |
| --- | --- | --- | --- |
| Customer information | | | |
| Provide your organization’s primary contact information for this implementation. | | | |
| **Company name:** |  | | |
| **Contact name:** |  | | |
| **Phone number:** |  | **Email address:** |  |
| **Mailing address 1:** |  | | |
| **Mailing address 2:** |  | | |
| **Mailing address 3:** |  | | |
| **Mailing address 4:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Customer ID | | | | | | |
| If you have a current SinglePoint customer ID, please indicate below. If any of the single sign on products apply, please select the appropriate box. | | | | | | |
| **Customer ID:** |  |  | | | | |
| **U.S. Bank single sign-on products** (if applicable)**:** | | | SinglePoint | FX Web | Global Trade | Image Look |

|  |  |  |  |
| --- | --- | --- | --- |
| System administration | | | |
| For security purposes and risk mitigation, U.S. Bank recommends that customers periodically review all SinglePoint system administrators, users, and their assigned services. | | | |
| System administrator information | | | |
| Provide user information for each system administrator below (all fields required.) | | | |
| **Set up system administrators with all services?** | Yes | No | If No, the system administrators will have administrative functions only. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Administrator name:** |  | **Phone number:** |  | | |
| **Email address:** |  | **Fax number:** |  | | |
| **User ID** (limit 3-10 characters): |  |  |  | | |
| **System administrator user maintenance entitlements** (only for dual authorization)**:** | | | | Approve users  Manage users | |
|  | | | | | |
| **Administrator name:** |  | **Phone number:** |  | | |
| **Email address:** |  | **Fax number:** |  | | |
| **User ID** (limit 3-10 characters): |  |  |  | | |
| **System Administrator user maintenance entitlements** (only for dual authorization)**:** | | | | Approve users  Manage users | |
|  | | | | | |
| **Administrator name:** |  | **Phone number:** |  | | |
| **Email address:** |  | **Fax number:** |  | | |
| **User ID** (limit 3-10 characters): |  |  |  | | |
| **System administrator user maintenance entitlements** (only for dual authorization)**:** | | | | | Approve users  Manage users |

| System administration security | |
| --- | --- |
| U.S. Bank recommends maintaining dual authorization for system administration functions with a minimum of three system administrators for each customer ID. Each user ID must be assigned to only one person, and no person shall be assigned more than one user ID.  With dual authorization enabled, changes made by one system administrator require an approval by another system administrator before the change is implemented. | |
| User maintenance | |
| Allows system administrators to create new and modify existing user profiles including payment transaction limits. | |
| **Require dual authorization for** **user changes:** | All user modifications (default)  User modifications for money movement services only (e.g. wires) |

If additional system administrators are needed, a spreadsheet may be attached to this signed document. Each page of the spreadsheet must be initialed by the signer of this form. Please check this box and attach spreadsheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Customer approval | | | |
| By signing this Authorization Form, Customer represents and warrants that all selections, designations, and/or other instructions contained herein are accurate and have been authorized by Customer, that the Services requested herein shall be governed by the U.S. Bank Services Terms and Conditions or other contract governing the provision of Treasury Management services approved in writing by the Bank, and that the signer listed below is an authorized signer. Bank may rely on the information contained in this Authorization Form until it has been revoked in writing by Customer and Bank has had a reasonable opportunity to act on any such revocation. | | | |
| Signature: |  | Email address: |  |
| Print name: |  | Date: |  |
| Print title: |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For U.S. Bank Internal Use Only | | | | | | |
| **Client Integration**: | | Authorized signer is listed on TM Contract/Appendix B | | | | TM Exception Approval Letter on file |
| Date: |  | | Verified by: |  |  | |