

MEMBER SECURE SERVER ENROLLMENT FORM

Member ID #: _____ Company Name: _____

Data Submission(s):	Data Sent By: <i>(Please Select One)</i>	Data Sent from Company:	Data Sent from Contact Name:	Data Sent from Contact Phone #:	Data Sent from Contact E-mail:
<input type="checkbox"/> Test File 1	<input type="checkbox"/> Member <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				
<input type="checkbox"/> Test File 2	<input type="checkbox"/> Member <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				
<input type="checkbox"/> Test File 3	<input type="checkbox"/> Member <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				

AUTHORIZED MEMBER CONTACT INFORMATION:

Member Phone Number: (____) ____ - _____

Member E-Mail: _____@_____

Member Title: _____

SIGNATURE:

Date: _____

S/ _____

(By typing or signing your name next to the S/ you indicate placement of your signature on this form and agree to be bound by the statements contained in this document.)

Click **SUBMIT** to send this completed form now to: CollateralDocs@fhlbny.com OR [For postal mailing instructions, please refer to COL-021](#)