



FINRA Entitlement Form Web EFT User

Instructions

Use this form to request:

- 1) New Web EFT service account for your organization
- 2) Update existing Web EFT service account
- 3) Delete Web EFT service account

In order for FINRA to process this form, your organization must have a signed Super Account Administrator (SAA) form on file with FINRA.

Authorized Signatory Requirements:

- **Broker-Dealer (BD) Firm (FINRA registered and NASDAQ Member):** an authorized Signatory is the Chief Compliance Officer (CCO) or authorized Officer (or other authorized person) who is currently listed on Schedule A of the organization's form BD
- **Investment Adviser Firms:** an Authorized Signatory is the Chief Compliance Officer (CCO), Additional Regulatory Contact (ARC) or authorized officer (or other authorized person) who is currently listed on Schedule A of the organization's Form ADV.

How To Submit this Form:

You may execute this form by completing all required sections and either: a) submit via DocuSign, or use another electronic signature (as defined in 15 U.S.C. § 7006), on condition that (i) you must have in place a technical or technological security procedure to attribute the electronic signature to the signatory, and (ii) a textual or graphical statement is included next to the electronic signature identifying the signatory, and the date of execution and noting that the signature was generated electronically; or, b) mail the manually-signed form to the address below; or, c) attach a scanned image (such as a pdf file or fax) of the manually-signed form to an email or other electronic transmission and send to FINRA.

Mailing Address: FINRA Entitlement Group, 9509 Key West Ave, Rockville, Maryland 20850

Fax: 301-216-3721 or Email: entsupport@finra.org

Questions: Contact the FINRA Gateway Call Center at 800-321-6273

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Section 1 - Organization Information			
Organization Type: <input type="checkbox"/> Broker-Dealer (BD) <input type="checkbox"/> Investment Adviser (IA)			
Organization ID # (if available):			
Organization Name:			
Street Address:			
City:		State/Province:	
Country:		Zip/Postal Code:	
Phone Number:			
Section 2 - Web EFT User Information			
First Name:	Middle:	Last:	Suffix:
Phone #:	Fax #:	Email:	
Section 3 - Web EFT Entitlement Privileges			
<i>Select "Add" for the requested privilege(s) or "Remove" to delete a privilege.</i>			
Add	Remove		
<input type="checkbox"/>	<input type="checkbox"/>	CRD EFT Upload Filings <i>(Provides the capability to upload CRD EFT filings via fileX.)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	CRD EFT Download Reports <i>(Provides the capability to download CRD EFT reports via fileX.)</i>	
Section 4 - Delete/Modify Web EFT Account			
<input type="checkbox"/>	Delete Web EFT account	<input type="checkbox"/>	Replace existing user, but keep Web EFT account.
Name of user to Delete/Replace:			
Reason for Deleting/Replacing:			
Section 5 - Authorized Signatory's Signature			
Authorized Signatory's Signature:		Title:	
Print Name:		Email:	
Executed on:			
Note: The email address provided by an organization's Authorized Signatory must match the email address that is in CRD, IARD or on the FINRA Contact System.			