

SLGSafe® USER ACKNOWLEDGEMENT  
 SLGSafe® APPLICATION FOR INTERNET ACCESS

U.S. TREASURY SECURITIES  
 STATE AND LOCAL GOVERNMENT SERIES



BUREAU OF THE  
**Fiscal Service**  
 LEAD. TRANSFORM. DELIVER.

By signing this acknowledgment, I certify that I understand and am bound by the requirements and responsibilities regarding the use of an ID.me account to conduct SLGSafe transactions on behalf of

Organization Name:

ABA/TIN:

Business Address:

City:

State:

ZIP Code:

(hereinafter the "organization").

I agree that each time I submit a SLGSafe transaction, I am certifying that it is in compliance with the requirements and responsibilities set forth in applicable laws and regulations, including 31 CFR Part 344; Fiscal Service's legal and privacy notices; and the SLGSafe Application for Internet Access. I have read and understand the aforementioned conditions of use which may change over time.

I also agree to ensure my ID.me account remains confidential. If I suspect that the confidentiality of my account has been compromised, I will immediately notify Fiscal Service at (304) 480-5299.

Finally, I agree that the use of an ID.me account to create an electronic message in SLGSafe means that it: (1) identifies and authenticates a particular person as the source of the electronic message; and (2) indicates such person's approval of the information contained in the electronic message. Any SLGSafe electronic message to which it is affixed or attached may not be denied legal effect, including legal effect as a signature, a writing, or an original, solely because the message is in electronic form. I understand that any failure to comply with the conditions of use may result in suspension of the organization from access to SLGSafe.

Name *(First, MI, Last)*:

E-Mail:

Telephone:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Forward completed form to Fiscal Service at [SLGS@fiscal.treasury.gov](mailto:SLGS@fiscal.treasury.gov).*

NOTICE UNDER THE PAPERWORK REDUCTION ACT

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the e-mail address shown in the instructions.

FOR USE BY THE BUREAU OF THE FISCAL SERVICE

Processed by

## Form Instructions

**This form is required for every new user.**

Please add the following information prior to e-mailing the form:

- The organization information should be entered in the first paragraph.
- The user should sign and date the form (electronic signature is acceptable).

**Fiscal Service will only accept e-mailed copies of this form to [SLGS@fiscal.treasury.gov](mailto:SLGS@fiscal.treasury.gov).**

Telephone Number: (304) 480-5299

Internet Address: <https://www.slgs.gov/>

E-Mail Address: [SLGS@fiscal.treasury.gov](mailto:SLGS@fiscal.treasury.gov)

Governing Regulations: 31 CFR Part 344