



FHLBank Atlanta Community Lending Programs
Program Manager Designation Form

Complete this form in its entirety to be eligible to participate in the products offered by FHLBank Atlanta Community Lending Programs. Designate program manager(s) who will act as a liaison with Bank staff.

Member Information

Member Institution: _____ Member # _____

Address: _____
Street City State Zip Code

Program Manager Information

Individual(s) listed below will act as liaison with the Bank as described in the AHP Implementation Plan and Workforce Housing Plus+ Program Guidebook, section 4.2.

Name: _____ Phone _____

Title: _____ Email Address: _____

Address: _____
Street City State Zip Code

Name: _____ Phone _____

Title: _____ Email Address: _____

Address: _____
Street City State Zip Code

Member Locator Tool

In order to serve you better, FHLBank Atlanta offers a search tool on its public website that will assist consumers in locating member institutions that provide funding for FHLBank Atlanta’s Community lending programs. Please click on this link [Zip Code Locator Form](#) to complete this form in its entirety to ensure that potential customers will be able to reach your institution with ease and efficiency. Please return the form to FHLBAsap@fhlbatl.com.

Member Signature

This section must be signed by an officer authorized on the member’s Credit and Collateral Signature Card on file with the Federal Home Loan Bank of Atlanta.

Signature of Authorized Officer

Printed Name

Title

Date Signed

Return this completed form to FHLBAsap@fhlbatl.com