

**State of Wisconsin**  
**Department of Financial Institutions**



**Designation of Agent Non-Wisconsin Credit Union Instructions**

Sec 186.45 (3), Wis. Stats., provides that a non-Wisconsin credit union that opens an office and conducts business as a credit union in Wisconsin must designate and maintain an agent for the service of process in this state. This may be done by filing a statement with the Department of Financial Institutions, using the form prescribed by the department.

1. Enter the name of the credit union
2. Provide the address of the credit union including street and number, if any. The address may be in Wisconsin or elsewhere
3. Provide the name of the registered agent
4. Provide the address of the person designated by the credit union to receive service of process on its behalf. The address must reflect the agent's physical location, i.e., street name, number, city **in Wisconsin**, and ZIP code
5. This credit union must affirm that the registered agent has accepted the appointment to act as and to receive service of process on behalf of the association
6. If the statement is amending a statement previously filed, indicate that by marking (X) this item
7. Enter the date the statement is signed, the title of the signer, and a signature. The statement is to be signed by a person who is authorized to manage the affairs of the credit union. Include a phone number and email address.

Questions or completed forms can be sent to: [dfi-ocu@dfi.wisconsin.gov](mailto:dfi-ocu@dfi.wisconsin.gov)

*Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.*

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1. Name of credit union: \_\_\_\_\_
  
2. Address of credit union, including street name and number, city, state, and zip code:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Name of registered agent: \_\_\_\_\_
  
4. Address of registered agent in Wisconsin:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. The person named in this statement has accepted the appointment to act as agent to receive service of process on behalf of the credit union
  
6. Check the box below if this statement amends a previously filed appointment of agent to receive service of process.

This statement supersedes and takes the place of any original, amended, or restated statement previously filed

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

Title: \_\_\_\_\_

Authorized Person

Phone number of contact: \_\_\_\_\_

Email address of contact: \_\_\_\_\_