



# Corporate Application Filing Entry System (CAFE) USERS GROUP REQUEST

Please provide the information specified below. Unless otherwise noted, all fields are mandatory.

**Submit the completed form via email** (preferred submission method) to the Corporate Activities Division by printing and scanning the completed form, then attaching the scanned file to an email using your preferred email client. Email: [xgarcia@dob.texas.gov](mailto:xgarcia@dob.texas.gov)

**Or print and mail/fax the completed form to:**

Corporate Activities Division, 2601 N Lamar Blvd., Austin, TX 78705 • Fax: 512-475-1313 • Phone: 512-475-1310

**Requested Action:**                     New Group                     Modify Users                     Delete Group

### Organization Information

Organization Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Group Information

Group Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Users (please check the appropriate box and attach additional pages as needed):

Add	Remove	Name	Title
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**AUTHORIZATION:** On behalf of our organization, I designate the above-named individuals as group users. Each group user should be issued separate credentials to access CAFE. I authorize each group member the use of CAFE to submit filings on behalf of our organization. I acknowledge that the coordinator and the group users are able to view filings submitted on behalf of the organization, including any documentation included with the filing, as well as submit additional information on behalf of other group users. I shall promptly notify the Texas Department of Banking any time a group user leaves employment with our organization. The Department of Banking may rely on this authorization until it receives a written amendment or revocation of this authorization.

\_\_\_\_\_  
Coordinator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title