

F E D E R A L R E S E R V E  F I N A N C I A L S E R V I C E S

FedACH[®] Participation Agreement

Part 6D: FedPayments[®] Reporter

Section A – Service Request Form

*Required Fields

Section 1: Service Description and Form Instructions

A separate Service Request Form must be signed for each of your institution's RTNs that will use the FedPayments Reporter Service (Service).

The Service is accessed and administered online through FedACH Information Services on the FedLine Web[®] and FedLine Advantage[®] access solutions. If your institution does not access FedLine Web or FedLine Advantage, or if your institution has multiple RTNs using the Service, your institution can designate a Service Participation Point from which the Service can be accessed and administered on behalf of your institution's subscribing RTNs. To designate a Service Participation Point, use the Designation of Service Participation Point form (Part 6E).

If each of your institution's subscribing RTNs will access and administer the Service using its own electronic connection then your institution does not need to designate a Service Participation Point.

If your institution is deleting the Service and it previously designated a Service Participation Point for the RTN that is no longer subscribing to the Service then, with respect to the Service, your instruction on this form serves to revoke the Service Participation Point and any agency authorization associated with the Service Participation Point.

When you submit this form, the submitted form supersedes any previous versions of the same form.

For detailed instructions on completing this agreement, please refer to the [Participation Agreement Instructions](#) located at FRBServices.org.

For additional assistance completing and/or submitting this form, please contact Federal Reserve Bank Sales Support at 800-257-6701.

Send completed forms to Customer Contact Center at:
ccc.bankservices@kc.frb.org.

Section 2: Customer Information

Participating Institution Name*			
Identification Number (RTN/ETI)*			
Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Contact Email Address*			

Section 3: Service Specific Information / Customer Specific Requests

Requested Effective Date* (ACH Process Date) <i>(Must be received by the Reserve Bank at least ten business days prior to the requested effective date. Actual effective date may vary from requested date.)</i>	
Service Request* <i>Select One option.</i>	<input type="checkbox"/> Add <input type="checkbox"/> Delete

Section 4: Authorized Approval

Your institution agrees to the terms of Appendix F and F1 of Operating Circular 4, as applicable to the Service, and as amended from time to time.

Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signature* <i>(Authorized ACH signer on Official Authorization List)</i>			

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Last updated: 12/01/2016
Version 6.0