

FedACH[®] Participation Agreement

Part 6E: Designation of Service Participation Point

Section A – Service Participation Point Owned by Your Institution

*Required Fields

Section 1: Service Description and Form Instructions

Complete this form only if your institution will use a Service Participation Point to access and administer the FedPayments[®] Reporter or FedACH Risk[®] RDFI Alert Service.

This form is used only to designate or revoke a Service Participation Point for your institutions' FedPayments Reporter or RDFI Alert Service. To subscribe or unsubscribe from the FedPayments Reporter or RDFI Alert Service, use the appropriate service request form.

Complete Section A or B of Part 6E of the FedACH Participation Agreement, as applicable.

- Complete this section, **Section A**, if the Service will be accessed and administered for your institution's RTNs that are subscribing to the Service from an electronic device that is owned and operated by your institution.
- Complete **Section B** if the Service will be accessed and administered for all your institution's RTNs that are subscribing to the Service from an electronic device that is owned or operated by a third party.

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 (Designate new Service Participation Point.) <input type="checkbox"/> Change (Change RTNs or services.) <input type="checkbox"/> Delete (Revoke a Service Participation Point.)
Service Participation Point Identification Number (RTN/ETI)* <i>Specify your institution's RTN/ETI through which the Service will be accessed and administered.</i>	

3.1 RTNs for which Service will be accessed

List all RTNs for which the Service will be accessed and administered from the Service Participation Point listed above. For each RTN, indicate which service(s) the Service Participation Point will access and administer.

RTN	Service	
	FedPayments Reporter	FedACH Risk RDFI Alert
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Authorized Approval

Your institution hereby designates the electronic device that accesses the Reserve Bank's systems using the RTN listed in Section 3 as the Service Participation Point for the RTNs and services listed in Section 3.1.

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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