



FedPhone® Services Subscriber Enrollment Form Federal Reserve Bank Voice Response System

Internal FR
(Upon receipt by the Federal Reserve Bank)

Federal Reserve Bank Use Only Due Diligence Verified: _____ Initials: _____ Date: _____

PLEASE TYPE FORM, PRINT, & SUBMIT (handwritten forms may delay processing)

Effective Date: _____
Please provide a minimum of 5 business days lead time.

Section 1 – Profile Information

***Required Fields**

Today's Date * <i>month/day/year</i>		
9-digit ABA/ Routing Transit Number * <i>e.g., 9999-9999-9</i>		
Institution Name *		
Street Address * <i>Address cannot be P.O. Box</i>		
City *		
State *		
Zip Code *		
Institution's Main Phone Number * <i>e.g., 816-555-6800</i>	<i>Phone</i>	<i>Extension</i>

Section 2 – Subscriber Access

Please complete the following section for each Subscriber. A minimum of two Subscribers per institution is recommended. PINs must not be shared.

Subscriber 1

Action *	<input type="checkbox"/> Add New Subscriber <input type="checkbox"/> Delete Subscriber <input type="checkbox"/> Modify Subscriber's Profile or Service-Level Access		
Subscriber's Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Subscriber's Phone Number *	<i>Phone</i>	<i>Extension</i>	
PIN * <i>For current Subscribers only; enter the three-digit PIN to update or delete access. A new three-digit PIN will be assigned to new Subscribers.</i>			
FedACH®	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	

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Section 2 (continued) – Subscriber Access

Subscriber 2

Action *	<input type="checkbox"/> Add New Subscriber <input type="checkbox"/> Delete Subscriber <input type="checkbox"/> Modify Subscriber's Profile or Service-Level Access		
Subscriber's Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Subscriber's Phone Number *	<i>Phone</i>		<i>Extension</i>
PIN * <i>For current Subscribers only; enter the three-digit PIN to update or delete access. A new three-digit PIN will be assigned to new Subscribers</i>			
FedACH	<input type="checkbox"/> Add		<input type="checkbox"/> Delete

Subscriber 3

Action *	<input type="checkbox"/> Add New Subscriber <input type="checkbox"/> Delete Subscriber <input type="checkbox"/> Modify Subscriber's Profile or Service-Level Access		
Subscriber's Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Subscriber's Phone Number *	<i>Phone</i>		<i>Extension</i>
PIN * <i>For current Subscribers only; enter the three-digit PIN to update or delete access. A new three-digit PIN will be assigned to new Subscribers.</i>			
FedACH	<input type="checkbox"/> Add		<input type="checkbox"/> Delete

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Section 3 – Authorized Approval

All fields are MANDATORY in order for this request to be processed.

Official Authorized Signature <i>* The person signing this form must have signatory authority for the Institution and must be listed on the Official Authorized List. The person signing this form cannot be the same person as the subscriber.</i>			
Date *			
Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Email Address *			
Telephone *	<i>Phone</i>	<i>Extension</i>	

Please fax this form to the Customer Contact Center at: 800-660-7856.

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