

FedLine Direct® File Non-Payment Services Application Test Request

The *FedLine Direct® File Non-Payment Services Application Test Request* must be submitted to the Federal Reserve Bank when a customer wishes to receive TEST files for Account Services, Billing, DORPS, or other non-payment services. This form must be submitted to the Customer Contact Center at least two (2) business days prior to your desired test date if the file is to be sent to the primary site. For an alternate site receipt of the test file, the form must be submitted at least twelve (12) business days prior to your desired test date.

Please complete the required (*) and other information fields below.

*9-Digit Depository or Authorized Institution Routing Number [_____]
*Depository or Authorized Institution Name [_____]

EUAC Contact Information

*Name [_____]
*E-mail Address [_____]
*Phone Number [_____]
*Address
[_____]

Requested by (if different than EUAC contact)

*Name [_____]
*E-mail Address [_____]
*Phone Number [_____]
*Address
[_____]

Please indicate the service(s) that you wish to test:

Service	Content Type/Application ID	Test File Date*
Account Services []		
Billing []		
DORPS []		
All Other Files []		

*Test files will consist of the previous day's data unless otherwise specified.

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Primary Site

Please provide the date and time you wish to receive the file at your primary site. Please note that the date selected must accommodate the two (2) business day lead time requirement and can occur Monday – Saturday.

Note: For a complete list of available Saturdays, please contact the Customer Contact Center.

*Date [_____]

*Time [_____] (10:00 AM EST, 11:30 AM EST, 1:00 PM EST, 2:30 PM EST)

*Router Name [_____]

*City [_____] *State [__]

*Connect:Direct Node [_____]

*Last Octet of FRB Assigned IP Address [_____] (e.g. X.X.X.123)

Note: reference your FedLine Direct® File Implementation Plan for complete list of FRB assigned NAT IP addresses

Alternate Site

Please provide the date and time you wish to receive the file at your alternate site. Please note that the date selected must accommodate the twelve (12) business day lead time requirement and must occur on scheduled Saturdays only.

Note: For a complete list of available Saturdays, please contact the Customer Contact Center.

*Date [_____]

*Time [_____] (10:00 AM EST, 11:30 AM EST, 1:00 PM EST, 2:30 PM EST)

Please provide the information for the alternate site:

*Router Name [_____]

*City [_____] *State [__]

*Connect:Direct Node [_____]

*Last Octet of FRB Assigned IP Address [_____] (e.g. X.X.X.123)

Note: reference your FedLine Direct® File Implementation Plan for complete list of FRB assigned NAT IP addresses

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Please submit the completed form to the appropriate Customer Contact Center:

**Attn: FedLine Direct Technical Support
Team**

Customer Contact Center

Fax: 866-333-8076

Email: ccc.ci.support@kc.frb.org

Phone: 888-881-6700

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