



Federal Reserve Bank

Federal Reserve Account Structure Guide, Attachment B

Transaction and Service Fee Informational Reporting Instructions for Other Secondary Routing Transit Numbers (RTNs) Form

By signing this form, the Financial Institution named below authorizes the Federal Reserve Bank that maintains its Master Account to report debits and credits for financial transactions and service fees for the selected service categories of Other Secondary Routing Transit Numbers (RTNs) of the Financial Institution to the Master Account directly, through a Subaccount RTN, or through another Other Secondary RTN. The transactions are reported for informational purposes only and must ultimately settle in the Financial Institution's Master Account. If this form is not completed, all debits and credits for Other Secondary RTNs will report directly, for informational purposes, through the Master Account. *(Debit and Credit activity for Subaccount RTNs must report directly to the Financial Institution's Master Account.)*

Section 1 – Transaction Informational Instructions

Requested Effective Date:	(mm/dd/yyyy):
Select the appropriate box:	<input type="checkbox"/> Report all Transaction Information for the Other Secondary RTN listed in Section 3 with the Master Account listed in Section 4. <input type="checkbox"/> Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Master Account listed in Section 4. <input type="checkbox"/> Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Subaccount RTN or Other Secondary RTN listed in Section 5. <input type="checkbox"/> Discontinue Transaction categories selected below (Services are no longer being used).
Select all Transaction categories that apply: <i>(The Transaction Code category is the first two digits of the transaction code shown on your Statement of Account).</i>	<input type="checkbox"/> 08 - Other Treasury or Government Agency Service <input type="checkbox"/> 15 - Forward Checks <i>(other than Fed Funds Checks)</i> <input type="checkbox"/> 30 - Return Checks <input type="checkbox"/> 57 - ACH <input type="checkbox"/> 63 - Currency/Coin and Cash Cross Shipping <i>(other than Custodial Inventory)</i> <input type="checkbox"/> 70 - Savings Bonds

Section 2 – Service Fee Informational Instructions

Requested Effective Month	(mm/yyyy):
Select the appropriate box:	<input type="checkbox"/> Report all Service Charge Information for the Other Secondary RTN listed in Section 3 with the Master Account listed in Section 4. <input type="checkbox"/> Report all Service Charge Information for the Other Secondary RTN with the Subaccount RTN or Other Secondary RTN listed in Section 5. <input type="checkbox"/> Discontinue reporting all Service Charges (Services are no longer being used).

Section 3 – Other Secondary RTNs

Required Fields

This section is for an Other Secondary RTN to report information records to the Master Account directly, through a Subaccount RTN, or an Other Secondary RTN. Subaccount RTNs must report transactions directly to the Financial Institution's Master Account.

Other Secondary RTN (ABA)	
Financial Institution Name	
Street Address	
City	
State	
Zip Code	

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Section 4 – Master Account Information (or Primary for non-Account Holders) Required Fields

This form must be completed and approved at the Master Account level (or Primary for Non-Account Holders).

Routing (ABA) Number			
Financial Institution Name			
Street Address			
City			
State & Zip Code	<i>State</i>	<i>Zip Code</i>	
Official Signature*			
Name	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title			
Date			
Telephone	<i>Phone</i>	<i>Extension</i>	

Section 5 – Subaccount or Other Secondary RTN Information

Optional

This section is not required unless the Financial Institution listed in Section 4 desires to have the Other Secondary RTN identified in Section 3 report its debits and credits for Financial Services through a Subaccount or an Other Secondary RTN for informational purposes. Please identify in this section the Secondary RTN (Subaccount or Other Secondary RTN) to report debit and credit activity to for the Other Secondary RTN identified in Section 3.

Secondary RTN (Subaccount or Other Secondary RTN)	
Financial Institution Name	
Street Address	
City	
State	
Zip Code	

*Official signature must be a signer designated on your institution's *Official Authorization List*.

The completed form should be e-mailed to ccc.bankservices@kc.frb.org, faxed to (877) 281-3647, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416. This form must be received by the last business day of the requested month for settlement of service charges. Processing changes may take 5-7 business days (unless otherwise specified in OC1).