

II. CHECKS - DELIVERY POINT – ADJUSTMENT ADVICES AGREEMENT

Federal Reserve Banks provide Check Services according to the terms and conditions of Operating Circular 3. To the extent this Agreement conflicts with any of the terms and conditions of Operating Circular 3, Operating Circular 3 governs.

Requested Effective Date of Change: _____ **Servicing Federal Reserve Bank:** _____

Financial Institution ("Institution")		Nine Digit Routing Number (RTN)	
City	State	Zip Code	
Authorized Signatory Name (please print)	Signature	Phone Number	

We request that the Federal Reserve Bank deliver this Institution's adjustment advices as follows:

<p>Choose only one:</p> <p><input type="checkbox"/> ALL forward and return item adjustment advices</p> <p><input type="checkbox"/> forward adjustment advices ONLY</p> <p><input type="checkbox"/> return item adjustment advices ONLY</p>
<p>Deliver to:</p> <p>Adjustment advices may be delivered a maximum of two of the options below.</p> <p><input type="checkbox"/> This Institution via:</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedLine Web® or FedLine AdvantageSM (EUAC form and Subscriber forms may be necessary)</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedMail® (FedMail form may be necessary)</p> <p><input type="checkbox"/> Processor via:</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedLine Web or FedLine Advantage (EUAC form and Subscriber forms may be necessary)</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedMail (FedMail form may be necessary)</p> <p style="margin-left: 20px;">Processor ABA: _____</p> <p><input type="checkbox"/> Correspondent via:</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedLine Web or FedLine Advantage (EUAC form and Subscriber forms may be necessary)</p> <p style="margin-left: 20px;"><input type="checkbox"/> FedMail (FedMail form may be necessary)</p> <p style="margin-left: 20px;">Correspondent ABA: _____</p>

Federal Reserve Bank Use Only

Verified by:	Date:
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