



[FRBservices.org](http://FRBservices.org)

**Part 6E: Designation of Service Participation Point**

**Section B – Third Party Service Participation Point**

<b>Requested Effective Date (ACH Process Date)</b> <i>(Must be received by the Reserve Bank at least five business days prior to the requested effective date)</i>	
<b>Service Request</b>	<input type="checkbox"/> Add <i>(designate new Service Participation Point)</i> <input type="checkbox"/> Change <i>(change RTNs or services )</i> <input type="checkbox"/> Delete <i>(revoke a Service Participation Point)</i>

1. In Box B1, please specify the third party RTN or ETI through which the Service will be accessed and administered.
2. In Box B2, please specify the name of the third party that owns or operates the electronic connection associated with the RTN or ETI listed in Box B1.
3. In Box B3, please list all of your institution's RTNs for which the Service will be accessed and administered from the Service Participation Point listed in Box B1. For each RTN, indicate which service(s) the Service Participation Point will access and administer.

**Box B1 -- Service Participation Point**

<b>Service Participation Point</b>	
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**Box B2 – Name of Third Party**

<b>Name of Third Party</b>	
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**Box B3 – RTNs for which the Service will be accessed**

RTN	Service		RTN	Service	
	FedEDI <sup>®</sup> Plus	RDFI Alert		FedEDI Plus	RDFI Alert
1	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>

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Your institution hereby designates the electronic device that accesses the Reserve Bank's systems using the RTN or ETI listed in Box B1 as your institution's Service Participation Point for the RTNs and services listed in Box B3.

Your institution appoints the entity named in Box B2 as your institution's Service Participation Point Manager, as described in Appendix F to Operating Circular 4. Appendices F1 and F2 are also applicable for Service Participation Point Managers designated for the FedEDI Plus and RDFI Alert services respectively. This agency designation can be revoked only by updating this form.

**Participating Institution Authorized Signature**

Name of Participating Institution	Nine Digit RT/ETI
Contact Name	Phone Number
Signature (authorized ACH signer on Official Authorization List)	Printed Name

**Service Participation Point Manager Authorized Signature**

By signing below, the Service Participation Point Manager agrees to the terms of the Appendix F of Operating Circular 4 and Operating Circular 5.

Name of Service Participation Point Manager	Nine Digit RT/ETI
Contact Name	Phone Number
Signature (authorized ACH signer on Official Authorization List)	Printed Name