



Federal Reserve Bank FedACH[®] Participation Agreement

INTERNAL FR

FRBservices.org

Part 6E: Designation of FedEDI[®] Plus Service Participation Point

Section B – Third Party Service Participation Point

Page 1 of 2

Requested Effective Date (ACH Process Date)	
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(Must be received by the Reserve Bank at least five business days prior to the requested effective date)

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. There must be an executed FedEDI Plus Service Request Form for each RTN listed.
4. **When you submit this page, the submitted page supersedes any previous versions of the same page.**

Box B1 -- Service Participation Point

Service Participation Point	
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Box B2 – Name of Third Party

Name of Third Party	
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Box B3 – RTNs for which the Service will be accessed

Part 6E: Designation of FedEDI Plus Service Participation Point

Section B – Third Party Service Participation Point

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 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 F1 to Operating Circular 4, and agrees to be bound by the Service Participation Point Manager’s acts or omissions with respect to the Service. This agency designation can be revoked only by updating this form. The Reserve Bank may rely on this agency designation as provided in Appendix F1 of Operating Circular 4.

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

By signing below, the Service Participation Point Manager agrees to the terms of the Appendix F1 of Operating Circular 4 and Operating Circular 5.

Service Participation Point Manager Authorized Signature

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