



FRBservices.org

Part 6F: FedACH SameDay Service

Section B – Unilateral Designation Form

| | | | |
|---|---|-------|------|
| Requested Effective Month <i>(This form must be received by the Reserve Bank by the 21st day of the month prior to the effective month. If the 21st falls on a non-banking day, the next banking day after the 21st will be the receipt deadline for this form.)</i> | | Month | Year |
| Service Request | <input type="checkbox"/> Add <i>(designate for the first time a set of same-day RTNs for unilateral receipt)</i> <input type="checkbox"/> Change <i>(replace a designated set of same-day RTNs for unilateral receipt)</i> | | |
| Name of Participating Institution | | | |

This form is used to designate which same-day sending RTNs may send same-day items to Participating Institution RTNs that are participating in the FedACH SameDay Service (Service) on a unilateral basis.

If all of Participating Institution’s unilateral RTNs will not receive same-day items from the same same-day sending bank RTNs, a different copy of this Section B must be provided for each different set of unilateral RTN and same-day sending RTN pairs.

1. Group Name

List group name from Section A, subsection 2 of this Part 6F.

| | |
|------------|--|
| Group Name | |
|------------|--|

2. Participating Institution RTNs

| | |
|--|--|
| The same-day sending banks listed in subsection 3, Table B may send same-day items to: | |
| Select one | <input type="checkbox"/> All unilateral RTNs in the group identified in subsection 1 above. <i>(Skip Table A, complete Table B in subsection 3.)</i> |
| | <input type="checkbox"/> Some unilateral RTNs in the group identified in subsection 1 above. <i>(Complete Tables A and B in subsection 3.)</i> Set Number: ¹ _____ |

¹ Begin with number 1 for the first copy of this Section B, then 2 for the second, etc.

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3. RTN Tables

Table A – List below the unilateral RTNs that may receive same-day items from the same-day sending banks listed in Table B.

| | | | |
|-------------|-----|-----------------------------|-----|
| Group Name: | | Set Number (if applicable): | |
| 1. | 6. | 11. | 16. |
| 2. | 7. | 12. | 17. |
| 3. | 8. | 13. | 18. |
| 4. | 9. | 14. | 19. |
| 5. | 10. | 15. | 20. |

Table B – The following same-day sending RTNs¹ may send same-day items to Participating Institution.

| Same-Day Sending Bank Name | Same-Day Sending Bank RTN | Same-Day Sending Bank Name | Same-Day Sending Bank RTN |
|----------------------------|---------------------------|----------------------------|---------------------------|
| 1. | | 9. | |
| 2. | | 10. | |
| 3. | | 11. | |
| 4. | | 12. | |
| 5. | | 13. | |
| 6. | | 14. | |
| 7. | | 15. | |
| 8. | | 16. | |

Multiple copies of this page may be used. Each copy must have the same date.

Additional RTNs are listed on other same-dated copies of this page. This is copy _____ of _____ total copies dated _____ (month, day, year) for the set (if any) indicated above.

¹ The names and RTNs of same-day Sending Banks are available on the same-day Master Participant List, which is available via the Financial Services web site at www.FRBservices.org or through your FedACH Sales Specialist.

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4. Removal of Non-Participating RTNs

Any RTNs listed in Table B of subsection 3 that have not agreed to participate in the Service as sending RTNs by the Requested Effective Month provided at the top of this form will be removed from Participating Institution's Service set up. Any RTNs removed for this reason that later participate in the Service as sending RTNs will have to be included on a new version of this form in order for Participating Institution to receive same-day items from the RTNs.

Any of Participating Institution's unilateral RTNs that do not have any same-day sending RTNs from which to receive same-day items will also be removed from Participating Institution's Service set up.

5. Authorization

The individual signing for the Participating Institution must be an authorized ACH signer on the Official Authorization List of each of Participating Institution's RTNs designated on this form.

When you submit this section of the Participation Agreement, the submitted section supersedes any previous versions of the same section.

Participating Institution Authorized Signature

| | | | |
|--|-------|--------|-----------|
| Contact Name | First | Middle | Last |
| Phone Number | Phone | | Extension |
| Signature <i>Authorized ACH signer on Official Authorization List</i> | | | |
| Printed Name | | | |
| Date | | | |