



FRBservices.org

Federal Reserve Bank FedCash® Services Request Form

Servicing FRB Office: _____

Effective Date: _____

Federal Reserve Use Only

Sig. Verification Callback Known Contact

Date: _____ Time: _____

DI Contact: _____

FRB Contact: _____

Number Called/Ext: _____

The Federal Reserve requires five business days notice to establish service for a new customer and add or cancel service for an existing customer.

Section 1 – Customer Service Request

***Required Fields**

Service Request* <i>Check all that apply</i>	<input type="checkbox"/> New Branch Set up <input type="checkbox"/> Cancel Branch Services	<input type="checkbox"/> Change Current Branch Information
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Section 2 – Cash Services

Service Types* <i>Check all that apply</i>	<input type="checkbox"/> Currency Orders <input type="checkbox"/> Food Coupon Deposits <input type="checkbox"/> Coin Deposits	<input type="checkbox"/> Currency Deposits <input type="checkbox"/> Coin Orders
Primary Order/Deposit Notification System* <i>Note: This is for information only. This form cannot be used to change your order/deposit notification system</i>	<input type="checkbox"/> FedLine® Web <input type="checkbox"/> FedPhone®	

Section 3 – Financial Institution Information

If an armored carrier provides cash vault services for your institution, please list the carrier name as the branch name and use the carrier's address for the street address.

Financial Institution Name*			
Routing ABA Number*			
Requestor Name*	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title			
Telephone*	<i>Phone</i>	<i>Extension</i>	
Email Address*			

Current/New Branch and Carrier Information:

Branch/ Name*			
Branch Number*			
Street Address* <i>for currency and coin shipments</i>			
City*			
State*			
Zip Code*			
Contact Name* <i>If different from requestor</i>	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Telephone*	<i>Phone</i>	<i>Extension</i>	
Email Address*			

Federal Reserve Bank FedCash Services Request Form

Section 3 (continued) – Financial Institution Information

Carrier Name*			
FRB Ship-Date* <i>Check all that apply</i>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Wednesday		
	<input type="checkbox"/> Friday		

Change To:

Complete only applicable sections

Branch/ Name			
Branch Number			
Street Address <i>for currency and coin shipments</i>			
City			
State			
Zip Code			
Contact Name <i>If different from requestor</i>	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Telephone	<i>Phone</i>		<i>Extension</i>
Fax Number	<i>Number</i>		<i>Extension</i>
Email Address			
Carrier Name			
FRB Ship-Date <i>Check all that apply</i>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Wednesday		
	<input type="checkbox"/> Friday		

Mailing Address:

for notices, correspondence, mailings, and circulars

Street Address			
City			
State			
Zip Code			
Contact Name <i>If different from requestor</i>	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title			
Telephone	<i>Phone</i>		<i>Extension</i>
Email Address			

Administrative Address:

for adjustments and difference advices

Street Address			
City			
State			
Zip Code			

Federal Reserve Bank FedCash Services Request Form

Section 4 – Authorized Signature

Name*	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title*			
Email Address*			
Signature*			
Date*			
Telephone*	<i>Phone</i>	<i>Extension</i>	

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