

Operating Circular 1 Account Relationships

Appendices

Appendix 1

To: Federal Reserve Bank of _____

_____ Office

Attention: _____ Department

Master Account Agreement

The Institution named below agrees to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above, and to the provisions of all operating circulars of each Federal Reserve Bank from which the Institution obtains services, as the circulars may be amended from time to time. The transactions and fees for services obtained will be settled in the master account unless the Institution requests otherwise by submitting a Transaction and Service Fee Settlement Authorization (Operating Circular 1, Appendix 5) and/or a Letter of Agreement for Obtaining Advances Through a Correspondent (Operating Circular 10).

For:

Official Signature

Name of Institution

Printed Name and Title

Street Address

Date

City, State, Zip Code

Anticipated Account Opening Date

Routing (ABA) Number

Questions regarding the account should be directed to:

Alternate:

Printed Name and Title

Printed Name and Title

Telephone Number

Telephone Number

Email Address

Email Address



Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the master account will be established.

FRB use only: Date Received: _____ Signature Verification Completed By: _____
Processed By: _____ DI Contact: _____ Date Contacted: _____
Effective Date: _____ Number Called/EXT: _____

To: Federal Reserve Bank of _____

Appendix 2

_____ Office

Attention: _____ Department

Subaccount Designations

We designate the following routing (ABA) number(s) to be a subaccount(s) of our master account. (*Attach additional sheets as needed.*)

By: _____

Name of Institution (Master Account)

Official Signature

Date

Street Address

Printed Name and Title

City, State, Zip Code

Telephone Number

Routing (ABA) Number

Requested Effective Date

Subaccount Routing Number	Used for Funds Transfers?	Subaccount Name <i>Please state the name of each subaccount and indicate whether you are adding, changing, or deleting it.</i>	Subaccount Address <i>Please print the address for each subaccount and indicate if this represents a change.</i>	Contacts for Questions about Subaccount Activity <i>Please print the name, title, and telephone number for each contact, and indicate if this represents a change.</i>
1.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?
2.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?
3.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?
4.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?
5.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the above subaccount(s) will be established, changed or deleted.

FRB use only: Date Received: _____ Signature. Verification Completed By: _____
 Processed By: _____ DI Contact: _____ Date Contacted: _____
 Effective Date: _____ Number Called/EXT: _____

To: Federal Reserve Bank of _____

Appendix 3

_____ Office

Attention: _____ Department

Pass-Through Agreement

The Institutions named below agree to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above, and the provisions of all operating circulars of each Federal Reserve Bank from which the Institutions obtain services, as the circulars may be amended from time to time.

Respondent Agreement

We elect to maintain our required reserve balances on a pass-through basis with the correspondent named below.

Correspondent Agreement

We agree to serve as correspondent for the respondent named below. The required reserve balances for this respondent will be commingled in our master account at the Reserve Bank.

Respondent

Correspondent

Name of Institution

Name of Institution

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

By: _____
Official Signature (Date)

By: _____
Official Signature (Date)

Printed Name and Title

Printed Name and Title

Telephone Number

Telephone Number

Routing (ABA) Number

Routing (ABA) Number

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the above pass-through arrangement will be in effect.

FRB use only: Date Received: _____ Signature. Verification Completed By: _____
Processed By: _____ DI Contact: _____ Date Contacted: _____
Effective Date: _____ Number Called/EXT: _____

To: Federal Reserve Bank of _____ Office
Attention: _____ Department

Certificate and Official Signature Card for Fed Funds Checks

I certify that the following is a true copy of a resolution adopted by the Board of Directors of _____ Name of Institution, at a meeting of the Board duly held on _____ Date, at which a quorum was present and acting throughout, and that such resolution is in conformity with the provisions of the charter and by-laws of the Institution, and that this resolution has not been modified and remains in effect.

Resolved, that any of the _____ Number of officers listed below is authorized to sign checks ("Fed Funds Checks") drawn on the Institution's master account at the Federal Reserve Bank of _____.

Certified by:

For:

Signature of Certifying Officer*
Name and Title
Telephone Number
Date
Signature of Second Certifying Officer*
Name and Title
Telephone Number
Date

Name of Institution
Routing (ABA) Number
Street Address
City, State, Zip Code

* The certifying officer must be the cashier, comptroller, secretary, or other officer of similar or higher rank, must have the authority to certify the statements in this document, and may not be a person listed below. If the Institution has a limited number of officers, then this latter requirement will be waived if two officers of the Institution execute this Certificate.

Official Signatures

RULE OUT UNUSED SPACES

PLEASE TYPE NAMES IN THIS SPACE

PLEASE SIGN IN THIS SPACE

____ WILL SIGN _____ TITLE _____

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the Fed Funds Checks may be drawn against the master account.

FRB use only: Date Received: _____ Signature. Verification Completed By: _____
Processed By: _____ DI Contact: _____ Date Contacted: _____
Effective Date: _____ Number Called/EXT: _____

To: Federal Reserve Bank of _____ Office
_____ Department
Attention: _____

TRANSACTION AND SERVICE FEE SETTLEMENT AUTHORIZATION

The Institutions named below agree to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above and the provisions of all operating circulars of each Federal Reserve Bank from which the Institutions obtain services, as the circulars may be amended from time to time.

The Federal Reserve Bank is authorized to settle debits and credits to the account of the correspondent named below for financial transactions and service charges for the respondent named below for the selected service categories. For your Billing service charges, the Federal Reserve Bank's preferred method of settlement is to automatically default settlement for all service charges to the correspondent listed below unless otherwise noted by individually selecting Service Charge Categories. A separate settlement authorization is required for each correspondent used.

- Financial transactions related to the Custodial Inventory Program, Fedwire Funds and Securities, and Fed Funds Checks may not be settled through a correspondent.
- If you are an account holder, financial transactions and service fees for the services listed below will automatically settle in your own account unless you have indicated on this form that you want them to settle in the correspondent's account.
- The correspondent named below authorizes the use of its earnings credits to offset the service charges selected for the respondent named below. Respondents earnings credits may not be used to offset service charges settling through a correspondent.
- Transaction settlement authorization for *Loans* requires submission of Exhibit 1 of Appendix 5 of Operating Circular 10 ("Form of Letter of Agreement for Obtaining Advances through a Correspondent").

Transaction Settlement			Service Fee Settlement		
Check the appropriate box: <input type="checkbox"/> Do not make any changes to my current Transaction settlement. <input type="checkbox"/> Discontinue all current Transaction Settlement arrangements and have all transactions settle in my own account. <input type="checkbox"/> Settle only the Transaction categories selected below with the correspondent named below. <input type="checkbox"/> Discontinue all current Transaction Settlement arrangements for the Respondent named below. The correspondent is responsible for notifying the respondent of the termination prior to submission of this form. (<i>This option is applicable to only the correspondent and does not require the respondent's signature.</i>)			Check the appropriate box: <input type="checkbox"/> Do not make any changes to my current Service Fee settlement. <input type="checkbox"/> Discontinue all current Billing Service Fee settlement arrangements and have the service charges settle in my own account. <input type="checkbox"/> Settle only the Billing service categories selected below with the correspondent named below. <input type="checkbox"/> Discontinue all current Billing Service Fee arrangements for the Respondent named below. The correspondent is responsible for notifying the respondent of the termination prior to submission of this form. (<i>This option is applicable to only the correspondent and does not require the respondent's signature.</i>)		
Select all that apply	Transaction Description	Transaction Category ¹	Select all that apply ²	Service Charge Description	Billing Service Area ¹
	Other Treasury or Government Agency Service	08		All Service Charge Categories below	9999
	Forward Checks (other than Fed Funds Checks)	15		Electronic Access ³	1210
	Return Checks	30		Forward Checks (other than Fed Funds Checks)	1501, 1521
	Redemption or Interest on Govt. or Agency Securities	20 or 27		Return Checks	3001, 3021
	Treasury Investment Program and Paper Tax System	59		Payor Bank Services	1505
	ACH	57		Check Transportation	1507
	Currency/Coin and Cash Cross Shipping (other than Custodial Inventory Transactions)	63		Check Float	1508
	Capital Stock	66		ACH	5701
	Savings Bond	70		Currency/Coin and Cash Cross Shipping	6301, 6302, 6303
	Account Charges and Payments (other than service charges and Term Deposit Facility (TDF) Trancodes)	84		Fedwire Funds	1001
	Term Deposit Facility Transactions (Trancodes 8420, 8421, 8422, and 8423)	84		Net Settlement	1002
				Fedwire Securities	2001
				Accounting Information Services	8401

¹The transaction category is the first two digits of the transaction code shown on your Statement of Account. Billing Service Areas are listed on your Statement of Service Charges.
² If Service Charge Categories are not selected, the correspondent selected for your Transaction Settlement will become the default for all Billing service charges
³The Electronic Access service charge category will default to the correspondent named below if any other priced service category is selected.

It is requested that the above Transaction Settlement authorization begin on _____ (month, date and year) and Service Fee Settlement authorization begin with _____ (billing month and year). On the dates that such settlements begin, this authorization will supersede any previously executed authorization by the named respondent for each service category selected above.

Respondent:

Name of Institution

Street Address

City, State, Zip Code

Official Signature (Date)

Printed Name and Title

Telephone Number

Routing (ABA) Number

Correspondent:

Name of Institution

Street Address

City, State, Zip Code

Official Signature (Date)

Printed Name and Title

Telephone Number

Routing (ABA) Number

The completed form should be e-mailed to sys.ccc.appendix5@mpls.frb.org, faxed to (877) 281-3647, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416. This form must be received by the last business day of the requested month for settlement of service charges. Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the settlement authorization will go into effect.