THE **FEDERAL RESERVE** *© Financial Services*

Accounting Information Services Subscription Form 6 – Authorization for Third-Party Access to Account Information

*Required Fields

Section 1: Service Description and Form Instructions

By completing this form, the Customer identified in Section 2 grants the entity¹ identified in Section 3 view access to Account Balance, Daylight Overdraft Balance, Available Funds Balance information, Accounting transactions, daily statements (Accounting Information) and/or monthly Billing information and statements (Billing Information) via the Accounting Management Information (AMI) application or other mechanism agreed to by the Customer for the subscribing institution identified in Section 2 (**Customer**).

FedLine Web® and/or FedLine Advantage® credentials are require to access the AMI Application. To obtain credentials for Subscribers, an End User Authorization Contact (EUAC) must submit a Subscriber request via the EUAC Center within FedLine® Home for each individual who will be authorized to access the information. For applicable service fee information regarding Electronic Access Solutions and Account Services, go to FRBservices.org®.

If the form is provided to you with prefilled information, by signing below you confirm that you have reviewed such information and agree that it is current and accurate as of the date of your signature.

For assistance completing this form, please find contact information at <u>Accounting Services Customer Support</u>.

Send completed forms to Customer Contact Center at:

Email: ccc.bankservices@kc.frb.org

Fax: (877) 281-3647

Section 2: Customer Information

Institution Name*						
Identification Number (RTN/CIN)*						
Requesting Contact Name*	First		МІ	Last		
Requesting Contact Phone Number*	Country Code	Phone		•	Extension	
Requesting Contact Email Address*						

¹ Such entity may be a service provider, service bureau, affiliate or other agent of the Customer. www.FRBservices.org

This form is to*	□Add □Change □Delete	Accounting Information	Effective date ² (MM/DD/YYYY)		
	□Add □Change □Delete	Billing Information	Effective date ² (MM/YYYY)		
Name of Entity* (to be granted access)					
Identification Number* (RTN/CIN)					
	is section can only v will be applicable	be defined with one of the options bel to all new affiliate relationships. Pleas	ow. If the entity has existing affiliate e confirm with the entity you are granting access		
•		t Balance and Available Funds ements (Account Holders and	s Information (for Account Holders) non-Account Holders).		
☐ Cash Letter Transaction Features for Cash Letter S	- ,	Service Bureaus only) – Limit es (e.g., 15 and 30) only.	ed to the Find Transaction(s)		
		d Approval from Subs			
Official Signature*					
Signature Date*					

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Phone

Last

Extension

Last updated: June 2023 Version: 2

Email Address*

Phone Number*

Country Code

Name*

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² The form is effective no earlier than the business day following the business day that the appropriate Reserve Bank processes the request. If the stated Effective Date cannot be met, the Customer will be notified.