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

FedACH® Participation Agreement Part 6G: FedACH FedPayments® Insights Service – Service Request Form

*Required Fields

Section 1: Service Description and Form Instructions

The FedPayments Insights Service (Service) is provided by the Reserve Banks pursuant to Appendix F4 to Operating Circular 4.

The Service is accessed online through FedACH Information Services on the FedLine Web® and FedLine Advantage® access solutions. Specific credential access is needed for each subscriber that requires access to the FedPayments Insights Service application.

When you submit this form, the submitted form supersedes any previous versions of the same form.

For detailed instructions on completing this form, please refer to the <u>Participation Agreement Instructions</u> located at <u>FRBservices.org</u>.

For additional assistance completing and/or submitting this form, please contact Federal Reserve Bank Sales Support at 800-257-6701.

Send completed forms to the Customer Contact Center at:

ccc.bankservices@kc.frb.org

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Section	2:	Customer	Informa	ation
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Participating Institution Name*						
Identification Number (RTN)*						
Contact Name*	First		MI La.	st		
Contact Phone Number*	Country Code	Phone		Extension		
Contact Email Address*						
Section 3: Service Specific In	formation	/ Custo	mer Sp	ecific Request	ts	
Requested Effective Date* (ACH Process Date) (Form must be received by the Reserve Bank at least ten business days prior to the requested effective date Actual effective date may vary from requested date.)						
Action* Select one option.	☐ Add ☐ Modif ☐ Delet	•				
List any additional RTN(s) that should be requesting financial institution that either listed.						
Subscription Level Select one option.	 ☐ Add all RTNs in Participating Institution Account Family¹ ☐ Add Select RTNs Only (List Below) 					

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¹ Account Family is defined as all FedACH Participant RTNs associated with the subscribing financial institution's account family. The Federal Reserve Banks assume no liability for the content or accuracy of the Account Family. It is the subscribing financial institution's sole responsibility to validate the accuracy of the FedACH Participant RTNs and provide necessary updates.

Section 4: Authorized Approval

Your institution agrees to the terms of Appendix I of Operating Circular 4, as applicable to the Service, and as amended from time to time.

Authorized Signer Name*	First	MI	Last
Authorized Signature* (Authorized ACH signer on Official Authorization List)			

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