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 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

FRBservices.org Page 1 of 3

Participating Institution Name*						
Identification Number (RTN)*						
Contact Name*	First		MI	Last		
Contact Phone Number*	Country Code	Phone	'		Extension	
Contact Email Address*						
Section 3: Service Specific I	nformatior	ı / Custo	omer S	Specific	Requests	
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.	ist ate.			•		
Action* Select one option.	☐ Add ☐ Mod ☐ Dele	,				
3.1 Additional RTN(s) List any additional RTN(s) that should requesting financial institution that eith isted.						
Subscription Level	Add	☐ Add all RTNs in Participating Insitution Account Family¹☐ Add Select RTNs Only (List Below)				
Select one option.	☐ Add				•	
•	Add				•	
•	Add				•	
•	Add				•	
•	Add				•	
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<u> </u>	Add				•	

FRBservices.org Page 2 of 3

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 insitution'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	МІ	Last
Authorized Signature* (Authorized ACH signer on Official Authorization List)			

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FRBservices.org Page 3 of 3