# THE **FEDERAL RESERVE**Financial Services

# FedCash Services Request Form

#### **Section 1: Service Description and Form Instructions**

This form is used to establish service for a new endpoint, change, add or cancel service for an existing endpoint, authorize your designated armored carrier to initiate deposits on behalf of your institution by providing deposit data details via a What to Expect (WTE)¹ file, or to process changes to the armored carrier that provides your Cash transportation services to/from the FRB dock. The Federal Reserve requires five business days notice for any of these requests. For additional requirements regarding your armored carrier, please refer to Section 7.1 of the Cash Services Manual of Procedures (CSMOP). This form cannot be used to request access to FedLine Web® or FedMail®. FedLine Web access information is available at Service and Access Setup. FedMail access information is available at FedMail.

For assistance completing this form, please contact your local FedCash Services contact.

#### Send completed forms to Customer Contact Center at:

Federal Reserve Bank Customer Contact Center ccc.bankservices@kc.frb.org

Fax: (877) 281-3647

Required Fields\*

Required Fields\*\* - Only applicable for FedCash® Services e-Manifest

#### **Section 2: Customer Information**

Institution Name*						
Identification Number (ABA/RTN)*						
Requesting Contact Name*	First		MI	Last		
Requesting Contact Title*						
Requesting Contact Phone Number*	Country Code	Phone			Extension	
Requesting Contact Email Address*		·				

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<sup>&</sup>lt;sup>1</sup> What to Expect (WTE) File – A Reserve Bank may rely on deposit authorizations and information purporting to be issued by an authorized armored carrier, whether by written or electronic means, that the Reserve Bank reasonably believes to be authorized by the Financial Institution, and may continue to rely on such deposit authorizations and information until the authorization of the armored carrier is revoked by the Financial Institution.

Section 3: Service Specific Information / Customer Specific Requests

Section 3. Service Specific initor		ustoniei	She	cinc Reques	ວເວ
Requested Effective Date* (Actual effective date may vary)					
Servicing FRB Office* Forms with Servicing FRB field left blank cannot be processed and will be returned to the customer.					
Service Request	☐ Char ☐ Cano ☐ Char ☐ Allow	Armored Ca	Branch ervices Carriei arrier A		
Service Types	☐ Coin			☐ Coir	rency Deposits  n Deposits  to receive Deposit
3.1 Current/New Branch and Carrier Ir If an armored carrier, or other third party, proname as the branch name along with their a address.	ovides cash va	ault service	s for yo	our institution, p	lease list the carrier
Branch Name*					
Branch Number*					
Street Address* For currency and coin shipments					
City*					
State*					
Zip Code*					
FI GLN <sup>2</sup> **					
Contact Name* If different from requestor	First		МІ	Last	
Telephone*	Country Code	Phone		ı	Extension
Email Address*					·
Carrier Name* (and carrier run, if applicable) If changing Armored Carrier, list your current carrier here; then in the Change To section below, complete the Carrier Name field.				_	
Carrier GLN**					
FRB Ship Date Check all that apply	☐ Monday ☐ Wednesda	ay 🗆	Tues Thurs	•	Daily***

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<sup>\*\*\*</sup> When available in your servicing Federal Reserve Bank office.

<sup>&</sup>lt;sup>2</sup> Global Location Number –unique 13 digit number used to identify a location for use in the supply chain.

## 3.2 Change To

Complete only applicable sections (if changing armored carrier(s), complete the "Carrier Name" and "Carrier GLN\*\*" fields ONLY).

☐ Authorize Armored Carrie	er to provide o	dep	osit details	via WT	E file s	ubmissic	n.	
Branch Name								
Branch Number								
Street Address For currency and coin shipments								
City								
State								
Zip Code								
Contact Name If different from requestor		First			MI	Last		
Telephone		Coun	try Code	Phone				Extension
Email Address								
Carrier Name (and carrier run, if applicable) If carrier, list new carrier name here								
Carrier GLN**								
FRB Ship Date Check all that apply			Monday Wednesda Friday	у	☐ Tue ☐ Thu	sday rsday		Daily***
3.3 Mailing Address For notices, correspondence, Street Address	mailings, and o	circı	ulars					
City								
State								
Zip Code								
Contact Name If different from requestor Title	First				МІ	Last		
Telephone	Country Code		Phone				Extension	
Email Address							<u> </u>	

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#### 3.4 Administrative Address

For adjustments	
Street Address	
City	
State	
Zip Code	
Email	

### **Section 4: Authorized Approval**

From Official Authorization List

Authorized Signer Name*	First		МІ	Last	
Authorized Signer Title*					
Authorized Signer Email Address*					
Authorized Signer Phone Number*	Country Code	Phone			Extension
Authorized Signature*					
Date*					

This application will not be accepted if the name provided above is not an individual listed on your institution's Official Authorization List (OAL). To complete an OAL for your institution or to add authorized individuals to your institution's OAL, visit <u>Account Services</u>.

Federal Reserve Use Only		
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