

FedLine Web[®] Cross Zone Form

Required Fields***Section 1: Service Description and Form Instructions**

This form is used to inform the Federal Reserve Bank of the intention to use FedLine Web cash services for the branches listed below. These represent branches or endpoints of the institution, or of institutions for which the requestor is authorized to conduct cash business.

For assistance completing this form, please contact your local FedCash[®] Services [contact](#).

Send completed forms to the Customer Contact Center at the email address or fax number below.

Federal Reserve Bank
Customer Contact Center
ccc.bankservices@kc.frb.org
Fax: (877) 281-3647

Section 2: Customer Information

Institution Name*			
Identification Number (ABA/RTN)*	<i>9-Digit ABA Number</i>		
Requesting Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Requesting Contact Title			
Requesting Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Requesting Contact Email Address*			

Section 3: Customer Service Requests

Date of Request*	
Requested Effective Date*	
Servicing FRB Office* Forms with the "Servicing FRB office" field left blank cannot be processed and will be returned to the customer.	

3.1 Institution Listing

This is to inform the Federal Reserve Banks of our intention to use FedLine Web FedCash Services for the branches listed below. These represent branches or endpoints of our institution, or of institutions for which we are authorized to conduct FedCash business. Branch identifier change requests are indicated in the last two columns, if applicable, and changes should be effective on the effective date noted above. The authorizer is aware of the accounting information display changes that will result from changing branch identifiers, as described in “Cross-Zone FedCash Services via FedLine Web.”

Federal Reserve Office*	Customer Branch or Endpoint Name*	Relationship to Requesting Institution* Branch Office, Other	Current Branch Identification*		Branch Identification Number Change Request If Applicable	
			Current Routing Number* 9-Digits	Current Branch Number* 4-Digits	Requested Routing Number 9-Digits	Requested Branch Number 4-Digits

Section 4: Authorized Approval

From Official Authorization List

Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signer Title*			
Authorized Signer Email Address*			
Authorized Signer Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
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 [Account Services](#).

Federal Reserve Use Only

FR Office Coordinating Change: _____

Coordinator Name and Phone Number: _____

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