



Federal Reserve Bank FedACH® Participation Agreement

INTERNAL FR

FRBservices.org

Part 2: Origination Options

Table S.2 – Service Provider Designation

Participating Institution, an Originating Depository Financial Institution, designates the entity named below as its Service Provider and hereby authorizes:

- the Service Provider to serve as Participating Institution’s Sending Point by sending Participating Institution’s ACH Items to the Reserve Bank through an electronic connection that Service Provider owns;
- the Service Provider to designate another entity as Participating Institution’s Sending Point;
- the Service Provider and any Sending Point designated by the Service Provider to perform all the actions that a Sending Point agent may perform on behalf of a sending bank under Operating Circular 4; and
- the Reserve Bank to act on the instructions of Service Provider with respect to the handling of ACH items sent to the Reserve Bank by a Sending Point designated by the Service Provider. Such instructions may include, but are not limited to, instructions regarding who should be contacted regarding pended files and other file transmission issues.

Participating Institution agrees to be bound by the acts and omissions of Service Provider, including the consequences of Service Provider’s instructions regarding the handling of Participating Institution’s ACH items.

Requested Effective Date (ACH Process Date) <small>(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.)</small>	
Action	Add (<i>Participating Institution and Service Provider must sign authorization boxes below</i>) Delete (<i>Participating Institution ONLY must sign authorization box below</i>)

Participating Institution Authorized Signature

Name of Participating Institution		Nine Digit RT/ETI	
Contact Name	Phone Number	Email Address	
Signature (authorized ACH signer on Official Authorization List)		Printed Name	

Service Provider Authorized Signature

Name of Service Provider		Nine Digit RT/ETI	
Contact Name	Phone Number	Email Address	
Signature (authorized ACH signer on Official Authorization List)		Printed Name	

Completed agreements can be faxed to 877-281-3647 or e-mailed to: ccc.bankservices@kc.frb.org