



Federal Reserve Bank FedACH Participation Agreement

INTERNAL FR

FRBservices.org

Part 5D: Information File

The Information File is the file containing a copy of your ACH detail information. It is sent with a unique identifier (FIEF), so that it cannot be confused with live ACH data and accidentally posted. In receiving Information Files, a participant assumes responsibility for ensuring that such accidental posting does not occur. One file will be created per day and will be transmitted to the location listed below.

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

| | |
|--|--|
| Requested Effective Date (ACH Process Date) | |
|--|--|

(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.)

1. Indicate where your Information File should be delivered

| | |
|--------|--|
| Action | Send to your institution (Participating Institution complete #2 below and sign authorization box.) Send to Service Provider (Service Provider complete #2 below and BOTH Participating Institution and Service Provider sign authorization box.) Delete (Participating Institution ONLY sign authorization box) |
|--------|--|

2. Indicate how your Information File should be delivered. Check ONE

| | |
|---------------------|--|
| NACHA Format (FIEF) | <input type="checkbox"/> FedLine Advantage® <input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct® |
|---------------------|--|

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 | |

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Service Provider Authorized Signature

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

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