



# Federal Reserve Bank FedACH<sup>®</sup> Participation Agreement

INTERNAL FR

[FRBservices.org](http://FRBservices.org)

## Part 6D: FedPayments<sup>®</sup> Reporter

### Section B – Designation of Nonpayment File Delivery Channel and Connection (Reports via FedLine)

<b>Requested Effective Date (ACH Process Date)</b> <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>	
Service Request	<input type="checkbox"/> Add <i>(designate channel and connection for the first time)</i> <input type="checkbox"/> Change <i>(change previous designation)</i> <input type="checkbox"/> Delete <i>(delete electronic connection)</i>
Name of Participating Institution	
Nine Digit RTN	

A Participating Institution that participates in the FedPayments Reporter Service (Service) or its Service Participation Point Manager may elect to have some or all of Participating Institution’s FedPayments Reporter generated reports delivered via a file delivery channel. For such reports a Participating Institution or its Service Participation Point Manager must use this Section B of Part 6D to designate the channel and electronic connection that the Reserve Bank will utilize for delivery. **Only one electronic connection may be designated for each Participating Institution RTN.**

Once the electronic connection designated in this form has been activated for the Service, a Participating Institution or its Service Participation Point Manager may use the Service maintenance screens on FedACH Information Services to select the file delivery option for FedPayments Reporter generated reports for the Participating Institution’s RTN. **FedPayments<sup>®</sup> Reporter output will be delivered in discrete files in .xml format identified by the unique identifier RPTS.**

#### 1. Electronic Channel and Connection

The electronic connection designated below will serve as Participating Institution’s information point, as defined in the Terms and Conditions for the FedACH Information Services appended to Section C of Part 6D of this Participation Agreement,. If the designated electronic connection is owned by an entity other than Participating Institution, that entity will serve as Participating Institution’s information point agent, as provided in the Terms and Conditions for the FedACH Information Services appended to Section C of Part 6D of this Participation Agreement.

If Participating Institution selected “Delete” at the top of this page, the electronic connection designated below will no longer serve as the Participating Institution’s information point and any associated information point agency will be terminated.

Electronic Channel <i>Select ONE Option</i>	<input type="checkbox"/> FedLine Advantage <sup>®</sup> <input type="checkbox"/> FedLine Command <sup>®</sup> <input type="checkbox"/> FedLine Direct <sup>®</sup>
Electronic Connection	Deliver Participating Institution’s reports to <i>Select ONE option</i> <input type="checkbox"/> The electronic connection associated with Participating Institution’s RTN above <input type="checkbox"/> The electronic connection associated with Service Provider’s RTN below
	Name of Service Provider:
	Service Provider RTN:

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#### 2. Signature (refer to Table 1 on Page 3 to determine which entity or entities must sign below)

When you submit this section of the Participation Agreement for the RTN listed above, the submitted section supersedes any previous versions of the same section for the same RTN.

#### Participating Institution Authorized Signature

Contact Name	Phone Number	Email Address
Signature (authorized ACH signer on Official Authorization List)	Printed Name	

#### Service Participation Point Manager Authorized Signature

The entity signing below must be designated as a Service Participation Point Manager in Section A or B of Part 6E for the RTN listed at the top of this form.

Name of Service Participation Point Manager	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](mailto:ccc.bankservices@kc.frb.org)

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Refer to the table below to determine which entity or entities must sign this form.

**Table 1**

Participating Institution only	Participating Institution is submitting this form and designating an electronic connection associated with its RTN at the top of this form.
Service Participation Point Manager only	Service Participation Point Manager is submitting this form and designating an electronic connection associated with its RTN in Subsection 1 of this form. To designate its own electronic connection Service Participation Point Manager must also be designated as Participating Institution's Service Provider in Part 2 or 3A of the Participation Agreement and must be a Sending Point or Receiving Point.
Participating Institution and Service Participation Point Manager	Service Participation Point Manager is submitting this form and designated an electronic connection associated with Participating Institution's RTN at the top of this form.
Participating Institution and Service Provider	Participating Institution is submitting this form and designating an electronic connection associated with its Service Provider's RTN provided in Subsection 1 of this form.
Service Participation Point Manager and Service Provider	Service Participation Point Manager is submitting this form and designating an electronic connection associated with Participating Institution's Service Provider's RTN provided in Subsection 1 of this form.