



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

INTERNAL FR

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

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

### Section C – Designation of Nonpayment File Sending Connection (On-us Inclusion)

<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>	
Name of Participating Institution	
Nine Digit RTN	

Your institution agrees to participate in the FedPayments Reporter Service (Service). As a Participating Institution, your institution may elect to send Nonpayment Files to the Reserve Bank so that the Service can include information from those files in reports generated by the Service for your institution.

Your institution may designate more than one electronic connection from which to send Nonpayment Files to the Reserve Bank. A separate copy of this form must be used for each connection.

Your institution agrees to the terms of Appendix F and F1 of Operating Circular 4, as applicable to the Service and as amended from time to time.

#### 1. Service Request

Select **ONE** option

Add

Participating Institution may send nonpayment files to the Reserve Bank from the electronic connection designated below.

The electronic connection designated below will serve as Participating Institution's Information Point, as defined in Operating Circular 4. 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 Operating Circular 4.

Delete

Participating Institution will no longer send Nonpayment Files from the electronic connection designated below.

#### 2. Electronic Connection

Participating Institution is adding or deleting: <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:

**3. Signature**

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**

<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>

**Service Provider Authorized Signature**

Service Provider signature only necessary if adding an electronic connection that Service Provider owns.

<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](mailto:ccc.bankservices@kc.frb.org)**