



Federal Reserve Account Structure Guide, Attachment A – Subaccount Designations

*Required Fields

Section 1: Financial Institution Information

We designate the routing (ABA) number(s) in Section 2 to be a Subaccount(s) of our Master Account. (Attach additional sheets as needed.)

Routing (ABA) Number or Customer Identification Number (CIN)*			
Financial Institution (Master Account) Name*			
Street Address*			
City*			
State & Zip Code*	State	Zip Code	
Official Signature* ¹			
Name*	First	MI	Last
Title*			
Telephone*	Country Code	Phone	Extension
Requested Effective Date* ²			

¹ Official signature must be a signer designated on your institution's Official Authorization List (OAL).

² The form is effective no earlier than the business day following the business day that the appropriate Federal Reserve Bank processes the request. If the requested Effective Date cannot be met, the company will be notified.

Section 2: Subaccount Information

Subaccount 1

Please select the applicable option*	☐ Add ☐ Convert to Other Secondary RTN ☐ Delete, with the intent to retire with LexisNexis		
Used for Funds Transfers?*	☐ Yes ☐ No		
Secondary RTN (ABA)*			
Subaccount Name*			
Street Address*			
City*			
State & Zip Code*	State		Zip Code
Contact Name*	First	MI	Last
Title*			
Telephone Number*	Country Code	Phone	Extension

Subaccount 2

Please Indicate if this is an Add, Change or Delete	☐ Add ☐ Convert to Other Secondary RTN ☐ Delete, with the intent to retire with LexisNexis		
Used for Funds Transfers?	☐ Yes ☐ No		
Secondary RTN (ABA)			
Subaccount Name			
Street Address			
City			
State & Zip Code	State		Zip Code
Contact Name	First	MI	Last
Title			
Telephone Number	Country Code	Phone	Extension

Section 2: Subaccount Information (Continued)

Subaccount 3

Please Indicate if this is an Add, Change or Delete	☐ Add ☐ Convert to Other Secondary RTN ☐ Delete, with the intent to retire with LexisNexis		
Used for Funds Transfers?	☐ Yes ☐ No		
Secondary RTN (ABA)			
Subaccount Name			
Street Address			
City			
State & Zip Code	State		Zip Code
Contact Name	First	MI	Last
Title			
Telephone Number	Country Code	Phone	Extension

The completed form should be e-mailed to ccc.bankservices@kc.frb.org .

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