



Accounting Information Services Subscription Form 1 – Daily Statement of Account and Monthly Statement of Service Charges Delivery Options

*Required Fields

Section 1: Service Description and [Form Instructions](#)

A Daily Statement of Account and a Monthly Statement of Service Charges are automatically available for all Master Account holders in PDF format via the FedLine Web® Account Management Information (AMI) application. Statements can be available in AMI for Respondents and Secondary RTNs (Subaccount RTNs and Other Secondary RTNs) by completing Section 3 of the form. Section 3.1 enables Master Account Holders to subscribe to the Financial Institution Reconciliation Data (FIRD) and/or Statement of Account Spreadsheet Format (SASF). Section 3.2 also enables Master Account Holders to subscribe to the monthly Service Charge Reconciliation Data (SCRD) file.

The daily Statement of Account and monthly Statement of Service Charges are also available in text format via FedMail® by completing the [FedMail Service Request Form](#).

Retrieving information from the AMI application requires FedLine Web or FedLine Advantage® access and applicable credential access. To obtain credentials for Subscribers, an End User Authorization Contact (EUAC) must submit a Subscriber request via the EUAC Center within FedLine® Home for each individual who will be authorized to access the service. For applicable Service Fees information regarding Access Solutions and Account Services, go to [FRBservices.org](#)®.

If the form is provided to you with prefilled information, by signing below you confirm that you have reviewed such information and agree that it is current and accurate as of the date of your signature.

For assistance completing this form, please find contact information at [Accounting Services Customer Support](#).

Send completed forms to the Support Center at:

Email: ccc.bankservices@kc.frb.org

Section 2: Customer Information

Institution Name*			
Identification Number (RTN/CIN)*			
Daytime Technical Contact*	First	MI	Last
Daytime Contact Phone Number*	Country Code	Phone	Extension

Daytime Contact Email Address*			
Evening Technical Contact*	<i>First</i>	<i>MI</i>	<i>Last</i>
Evening Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Evening Contact Email Address*			

Section 3: Service Specific Information/Customer Specific Request

Please select applicable boxes below for Statement Type:

Requested Effective Date*¹: <i>(Actual effective date may vary. Please allow 5-7 business days for processing.)</i>		
Accounting Statement (End of day): Select one option:	☐ Add ☐ Change ☐ Delete	
Master Accounts	Select Statement Type:	
Respondents/Secondary RTNs: (Subaccounts and Other Secondary RTNs [OSRTNs])	☐ Daily Statement of Account: Items Through Your Correspondent or Master Account	This statement is available via AMI for a Respondent that is settling debit and credit transaction activity to a Correspondent or for secondary RTNs (Subaccount RTNs and Other Secondary RTNs) reporting debit and credit transaction activity to its Master/Parent RTN.
Billing Statement (Monthly): Select one option:	☐ Add ☐ Change ☐ Delete	
Master Accounts	*Automatically generated in Adobe Acrobat PDF format in AMI	
Respondents/Secondary RTNs: (Subaccounts and Other Secondary RTNs [OSRTNs])	☐ Monthly Statement of Service Charges: Items through your Correspondent or Master Account	This statement is available via AMI for a Respondent that is settling service charges to a Correspondent or for secondary RTNs (Subaccount RTNs and Other Secondary RTNs) reporting service charges to its Master/Parent RTN.

Section 3.1: Service Specific Information/Customer Specific Requests

Please select the applicable boxes below for End-of-Day/Monthly Premium Service Data Files

File Type	File Delivery Method	File Details
Data File	☐ Add ☐ Change	☐ Delete
☐ Machine Readable Financial Institution Reconciliation Data (FIRD) *End of Day (Master Accounts)	☐ AMI Application (Default) ☐ FedLine Direct® or FedLine Command®. Please specify Routing Transit Number if delivery location is different from subscribing RTN.	If you choose either FIRD and/or SASF select an option below: ☐ Include Fedwire® Details ☐ Exclude Fedwire Details

¹ The form is effective no earlier than the business day following the business day that the appropriate Reserve Bank processes the request. If the Requested Effective Date cannot be met, the Customer will be notified.

	(RTN #) _____	
☐ Statement of Account Spreadsheet Format (SASF) *End of Day (Master Accounts)	AMI Application only	☐ Include FedNow SM Service Details ☐ Exclude FedNow Service Details
☐ Machine Readable Service Charge Reconciliation Data (SCRD) *Monthly (Master Accounts)	☐ AMI Application (Default) ☐ FedLine Direct or FedLine Command Please specify Routing Transit Number if delivery location is different from subscribing RTN. (RTN #) _____	

Section 4: Authorized Approval

The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Official Signature*			
Signature Date*			
Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Email Address*			
Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>

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