

# THE **FEDERAL RESERVE**

 Financial Services

## Check Services Agreement

### \*Required Fields

### Section 1: Service Description and Form Instructions

Completion of this form is required before a bank may access or use the check services ("Check Services") provided by the Federal Reserve Banks under Operating Circular 3, including sending or receiving from a Federal Reserve Bank any items under Operating Circular 3 ("Items"). The Federal Reserve Bank uses this form to obtain information that is needed to successfully complete a bank's enrollment in and setup for Check Services. A description of the available services can be found at: <https://www.frbfinancialservices.org/assets/financial-services/check/setup/check21-special-sort-options-guide.pdf>. Unless otherwise stated, terms defined in Operating Circular 3 have the same meaning in this agreement.

For additional assistance completing and/or submitting this form, please contact the Support Center at 833-FRS-SVCS (833-377-7827).

Send completed forms to Support Center at: [ccc.bankservices@kc.frb.org](mailto:ccc.bankservices@kc.frb.org)

### Section 2: Bank Information

|                                         |                     |              |                  |  |
|-----------------------------------------|---------------------|--------------|------------------|--|
| <b>Bank Name*</b>                       |                     |              |                  |  |
| <b>Identification Number (RTN/ETI)*</b> |                     |              |                  |  |
| <b>Contact Name*</b>                    | <i>First</i>        | <i>MI</i>    | <i>Last</i>      |  |
| <b>Contact Phone Number*</b>            | <i>Country Code</i> | <i>Phone</i> | <i>Extension</i> |  |
| <b>Contact Email Address*</b>           |                     |              |                  |  |

### Section 3: Service Information

Designate the Check Services below that are being added, deleted, or modified.

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                  |
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| <b>Requested Effective Date*</b><br><i>(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.)</i> |                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                | <b>Contingency Only</b><br><i>(In the event of a contingency situation, please contact the Support Center for further instructions to institute the contingency process. Check Service Provider Agreement is required if a Service Provider will be set-up to send and/or receive for contingency purposes.)</i> |

**Service Change Checklist\***

| Check the appropriate boxes below | Instructions/Requirements                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>          | <b>FedForward® Deposit Services</b><br><i>Complete pages 1 and 2, and Sections 3.1 and 4.</i>                                                                                   |
| <input type="checkbox"/>          | <b>FedReturn® Deposit Services</b><br><i>Complete pages 1 and 2, and Sections 3.2 and 4.</i>                                                                                    |
| <input type="checkbox"/>          | <b>Forward Presentment Services (FedReceipt® Daily, MICR, Paper Delivery)</b><br><i>Complete pages 1 and 2, and Sections 3.3, 3.3.1 (if applicable) and 4.</i>                  |
| <input type="checkbox"/>          | <b>Return Presentment Services (FedReceipt Daily, Paper Delivery)</b><br><i>Complete pages 1 and 2, and Sections 3.4, 3.4.1 (if applicable) and 4.</i>                          |
| <input type="checkbox"/>          | <b>Optional Forward Selections (Accelerated Delivery, Reject Repair, FedImage® Services)</b><br><i>Complete pages 1 and 2, and Sections 3.3.2, 3.3.3 (if applicable) and 4.</i> |
| <input type="checkbox"/>          | <b>Optional Return Selections (Accelerated Delivery, Return Reclear)</b><br><i>Complete pages 1 and 2, and Sections 3.4.2 and 4.</i>                                            |

**3.1 Check FedForward Deposit Services**

|                                                                      |                                                                                                                                                                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Action</b>                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                                                                                                   |
| <b>FedForward Deposit Options:</b>                                   | <input type="checkbox"/> Standard ICL<br><input type="checkbox"/> Premium ICL<br><input type="checkbox"/> Deferred ICL<br><input type="checkbox"/> Dollar-Culled ICL<br><input type="checkbox"/> Endpoint-Culled ICL |
| <b>FedForward Daily Fixed Fee Deposit Options:</b>                   | <input type="checkbox"/> Standard Daily Fee – A<br><input type="checkbox"/> Premium Daily Fee – A<br><input type="checkbox"/> Premium Daily Fee – B<br><input type="checkbox"/> Premium Daily Fee – C                |
| <b>FedForward Separately Sorted Government Deposit Options:</b>      | <input type="checkbox"/> Treasury Items<br><input type="checkbox"/> Postal Money Orders<br><input type="checkbox"/> Savings Bonds                                                                                    |
| <b>Primary Origination RTN</b><br>(01 Record in the FedForward file) |                                                                                                                                                                                                                      |
| <b>Files will be transmitted by:</b>                                 | <input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider<br><i>(Service Provider Agreement required and the SP RTN/ETI must be listed in field above.)</i>                                         |

**3.2 Check FedReturn Deposit Services**

|                                                                     |                                                                                                                                                                              |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Action</b>                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                                                           |
| <b>FedReturn Deposit Options:</b>                                   | <input type="checkbox"/> Return Standard ICL                                                                                                                                 |
| <b>FedReturn Daily Fixed Fee Deposit Option:</b>                    | <input type="checkbox"/> Return Premium Daily Fee - A                                                                                                                        |
| <b>Primary Origination RTN</b><br>(01 Record in the FedReturn file) |                                                                                                                                                                              |
| <b>Files will be transmitted by:</b>                                | <input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider<br><i>(Service Provider Agreement required and the SP RTN/ETI must be listed in field above.)</i> |

**3.3 Check Forward Presentment Services**

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>Action</b>                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                              |
| <b>Receipt Options</b><br><i>Select ONE option.</i>                   | <input type="checkbox"/> FedReceipt® Daily Forward<br><input type="checkbox"/> Electronic Receivers via x9.37-2003 MICR Only file with FedImage Archive <i>(Receivers must subscribe to 7+ years Archive.)</i>                                                                                                                                                  |
| <b>Primary Destination RTN</b><br><i>(01 Record in the ICL file.)</i> |                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Files will be transmitted to:</b>                                  | <input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider<br><i>(Service Provider Agreement required and the SP RTN/ETI must be listed in field above.)</i>                                                                                                                                                                                    |
| <b>Delivery Options</b><br><i>Select ONE option.</i>                  | <input type="checkbox"/> Normal Delivery - multiple files per day<br><i>(Final file by 2PM local)</i><br><input type="checkbox"/> Super Premium Delivery 8AM ET<br><i>(Target - 8AM ET)</i><br><input type="checkbox"/> Premium Delivery 10AM<br><i>(Target - 10AM local)</i><br><input type="checkbox"/> Premium Delivery Noon<br><i>(Target - 12PM local)</i> |

**3.3.1 Delivery Instructions for Forward Paper Check Items**

|                                                                                                       |                                                                                                                         |                 |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Forward item paper cash letters (in-clearings) including exception items that cannot be imaged</b> | <input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider <i>(Service Provider Agreement required)</i> |                 |
| <b>Bank Name or Service Provider Name</b>                                                             |                                                                                                                         |                 |
| <b>Address</b>                                                                                        |                                                                                                                         |                 |
| <b>City</b>                                                                                           | <b>State</b>                                                                                                            | <b>Zip Code</b> |
| <b>Attention</b><br><i>(Department name only)</i>                                                     |                                                                                                                         |                 |

**Additional RTN(s) for Check Activity**

List any additional RTN(s) that should be set up for Forward Presentment.

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**Special Instructions/Comments**

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**3.3.2 Optional Forward Presentment Selections** *(Applicable Only for FedReceipt Daily Forward service.)*

|                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forward Only Option</b><br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                           | <input type="checkbox"/> Accelerated Forward Delivery<br><br>Select Delivery Time(s):<br><input type="checkbox"/> 7PM <input type="checkbox"/> 8PM <input type="checkbox"/> 9PM <input type="checkbox"/> 10PM <input type="checkbox"/> 11PM local                                                                                                                                                                                                                                                                                                                        |
| <b>Forward Only Option</b><br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                           | <input type="checkbox"/> Supplemental MICR file(s) only followed by corresponding ICL(s) at a later time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Same Day Settlement (SDS) Options</b><br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                             | <input type="checkbox"/> SDS Settlement and Adjustment Services – Basic<br><input type="checkbox"/> SDS Settlement and Adjustment Services – Premium                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Electronic Reject Repair Options</b><br><i>Select ONE option.</i><br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete | <input type="checkbox"/> Option #1 – Account required and all on-us fields validated only<br><input type="checkbox"/> Option #2 – Account required and any on-us field required<br><input type="checkbox"/> Option #3 – Account and Tran Code (Field #2) required/validated<br><input type="checkbox"/> Option #4 – Account and Optional # (Field #4) required/validated<br><input type="checkbox"/> Option #5 – Account and Serial Number (Field #7) required/validated<br><i>(Electronic Reject Repair is included with subscription to FedReceipt Daily Returns.)</i> |

**3.3.3 FedImage Services** *(Applicable Only for FedReceipt Daily Forward service.)*

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>Action</b>                                                                              | <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                              |
| <b>FedImage Archive Options</b>                                                            | <b>Archive Storage Options</b><br><i>Select ONE option.</i><br><input type="checkbox"/> 30 business days<br><input type="checkbox"/> 60 business days<br><input type="checkbox"/> 7 years (includes 60 business days on disk)<br><input type="checkbox"/> 11 years <sup>1</sup> (includes 60 business days on disk)                                                                                                       |
|                                                                                            | <b>Extended DISK (RAID) Storage Options</b><br><i>Select ONE option.</i><br><input type="checkbox"/> 61 days to 6 months on disk - 7 years on tape<br><input type="checkbox"/> 61 days to 12 months on disk - 7 years on tape<br><input type="checkbox"/> 61 days to 24 months on disk - 7 years on tape                                                                                                                  |
| <b>FedImage Retrieval</b><br><i>(Only complete to opt-out of Subscription Retrievals.)</i> | Subscription Retrievals – Per item fee based on all archived items<br><br><input type="checkbox"/> Opt-out Subscriptions Retrievals – Manual Retrieval Fees will be assessed<br><i>(Available to active FedImage Archive customers only.)</i>                                                                                                                                                                             |
| <b>FedImage Derived Returns</b>                                                            | <input type="checkbox"/> FedImage Derived Returns via FedLine<br><i>(Available to active FedImage Archive customers only.)</i><br><b>Derived Return Options:</b><br><input type="checkbox"/> Derived Returns Qualified – FLWeb via Image on Demand<br><input type="checkbox"/> Derived Returns Unqualified (upload) – FLWeb via Check<br>Send/Receive files<br><i>(Will also include FedReturn Standard ICL Deposit.)</i> |
| <b>Other FedImage Service Options</b>                                                      | <input type="checkbox"/> Back File Conversion<br><input type="checkbox"/> Electronic On-Us Service                                                                                                                                                                                                                                                                                                                        |

<sup>1</sup> Only available in states per legal requirements. Contact your Relationship Manager.

**3.4 Check Return Presentment Services**

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| <b>Action</b>                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                                                                           |
| <b>Return Receipt Option</b><br><i>Select ONE option.</i>            | <input type="checkbox"/> FedReceipt® Daily Return                                                                                                                            |
| <b>Primary Destination RTN</b><br><i>(01 Record in the ICL file)</i> |                                                                                                                                                                              |
| <b>Files will be transmitted to:</b>                                 | <input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider<br><i>(Service Provider Agreement required and the SP RTN/ETI must be listed in field above.)</i> |

**3.4.1 Delivery Instructions for Return Paper Check Items**

|                                                                                                     |                                                                                                                                                                             |                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Return item paper cash letters (chargebacks) including exception items that cannot be imaged</b> | <input type="checkbox"/> Same address as Forward<br><input type="checkbox"/> Self<br><input type="checkbox"/> Service Provider <i>(Service Provider Agreement required)</i> |                 |
| <b>Bank Name or Service Provider Name</b>                                                           |                                                                                                                                                                             |                 |
| <b>Address</b>                                                                                      |                                                                                                                                                                             |                 |
| <b>City</b>                                                                                         | <b>State</b>                                                                                                                                                                | <b>Zip Code</b> |
| <b>Attention</b><br><i>(Department name only)</i>                                                   |                                                                                                                                                                             |                 |

**Additional RTN(s) for Return Check Activity**

List any additional RTN(s) that should be included in Return Cash Letter Presentment.

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**Special Instructions/Comments**

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**3.4.2 Optional Return Presentment Selections** *(Applicable Only for FedReceipt Daily Return service.)*

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Returns Only Option</b><br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                               | Select ONE option.<br><input type="checkbox"/> Level 1 Standard Accelerated Returns Delivery<br><input type="checkbox"/> Level 2 Standard Accelerated Returns Delivery<br><br>Select Delivery Time(s):<br><i>All times are ET Time</i><br><input type="checkbox"/> 7PM <input type="checkbox"/> 8PM <input type="checkbox"/> 9PM <input type="checkbox"/> 10PM <input type="checkbox"/> 11PM <input type="checkbox"/> Midnight <input type="checkbox"/> 1AM |
| <b>Return Item Reclear Service</b><br>Select ONE option.<br><input type="checkbox"/> Add<br><input type="checkbox"/> Modify<br><input type="checkbox"/> Delete | Select ONE option.<br><input type="checkbox"/> Level 1 Premium Accelerated Returns Delivery<br><input type="checkbox"/> Level 2 Premium Accelerated Returns Delivery<br><br>Select Delivery Time(s):<br><i>All times are ET Time</i><br><input type="checkbox"/> 4PM <input type="checkbox"/> 5PM <input type="checkbox"/> 6PM                                                                                                                              |

**Section 4: Authorized Approval**

We, the bank identified in section 2, agrees to the provisions of Operating Circular 3, including the appendixes thereto. We agree that we will not send any items covered by a service change request until the Federal Reserve Banks have agreed to the service change.

The undersigned is signing this agreement on behalf of the financial institution identified in section 2.

|                                                                                                                                                                 |              |           |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|-------------|
| <b>Authorized Signer Name*</b>                                                                                                                                  | <i>First</i> | <i>MI</i> | <i>Last</i> |
| <b>Authorized Signature*</b><br><i>(The signer must appear as an authorized individual on the bank's OAL currently on file with the Federal Reserve Banks.)</i> |              |           |             |
| <b>Date*</b>                                                                                                                                                    |              |           |             |

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