



FedNow[®] Service Communications Contact Form

*Required Fields

Section 1: Service Description and Form Instructions

This form should be used by FedNow Service participants without a FedLine Advantage[®], FedLine Command[®] or FedLine Direct[®] connection to update contact information for individuals and/or teams that should receive communications related to FedNow Service operations. Updating contact information for FedNow Service communications via this form will not update contact information for other Federal Reserve Bank services.

NOTE: FedNow Service participants with a FedLine Advantage, FedLine Command or FedLine Direct connection must update contact information for FedNow Service communications through the self-service maintenance tool. An End User Authorization Contact (EUAC) may access the maintenance tool via the FedNow Setup link within FedLine[®] Home.

Contact information must be submitted for each category:

- **General service information**
Notifications regarding new features, functionality or updates to FedNow Service documentation.
- **Urgent operational outreach**
Communications to address critical operations specifically related to your organization, such as unusual transactional activity or transaction rejections.
- **Service interruption**
Notifications regarding service-related outages where action is required.
- **Fraud notifications**
Reportable Transfer activity and reports to authorized contacts, as described in Operating Circular 8.

For assistance completing this form, please contact the Support Center at (833) 377-7827.

Email the completed form to: ccc.bankservices@kc.frb.org.

Section 2: Customer Information

Organization Name*			
Identification Number (RTN/ETI)*			
Requesting Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Requesting Contact Phone Number*			
Requesting Contact Email Address*			

Section 3: Service-Specific Information

Provide contact information for individuals and/or teams that should receive FedNow Service communications. Select the applicable communication categories for each contact provided.

When you submit this form, the submitted form supersedes any previous information provided for the contact(s) detailed within the form.

Request Type*	☐ Add new contact(s) <i>Complete Section 3.1</i> ☐ Remove existing contact(s) <i>Complete Section 3.2</i>
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Section 3.1: Add New Contact(s)

Complete an additional form to add more than five contacts.

Name of Contact to Add	Phone Number	Email Address	Category
1.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
2.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
3.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications

4.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
5.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications

Section 3.2: Remove Existing Contact(s)

Complete an additional form to remove more than five contacts.

Name of Contact to Remove	Phone Number	Email Address	Category
1.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
2.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
3.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
4.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications
5.			☐ All ☐ General service information ☐ Urgent operational outreach ☐ Service interruption ☐ Fraud notifications

Section 4: Authorized Approval

We, the organization named in Section 2, designate the contacts provided as authorized to receive FedNow Service communications as detailed in Section 3.

The person signing this form must have signatory authority for the Organization and must be listed on the Official Authorization List (OAL), and the signature must match the signature as it appears on the OAL.

Authorized Signer Name*	First	MI	Last
Authorized Signature*			
Date*			

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