



National Settlement Service (NSS) Fee Settlement Authorization Form

*Required Fields

Section 1: Service Description and Form Instructions

The Fee Settlement Authorization Form is used by a Settlement Agent for a Settlement Arrangement and a financial institution that the Settlement Agent has designated as the institution whose Master Account may be used to settle (1) NSS fees applied to the Settlement Arrangement, in accordance with section 6.6 of the Federal Reserve Banks' Operating Circular 12; and/or (2) FedLine® solution electronic access fees applied to the Settlement Agent. Under the Federal Reserve Banks' Operating Circular 12, only a financial institution that is a Settler in the Settlement Arrangement may be designated to settle NSS fees applied to the Settlement Arrangement. A financial institution does not need to be a Settler in the Settlement Arrangement to settle electronic access fees applicable to the Settlement Agent.

Section 2 must be completed by the Settlement Agent in accordance with the instructions in that section. The Settlement Agent is not required to settle both NSS fees and electronic access fees in the same Master Account. If the Settlement Agent requests to settle NSS fees and electronic access fees in different Master Accounts, it must submit two completed forms: one for the NSS fees and another for electronic access fees. If the Settlement Agent has already designated a financial institution to settle electronic access fees through the submission of appropriate forms to the Federal Reserve Banks, it is not required to designate a financial institution to settle electronic access fees using this form. The Settlement Agent's designation of a financial institution using this form to settle NSS fees and/or electronic access fees will supersede any previously executed designation regarding such fees as of the effective month of this form.

Section 3 must be completed by the financial institution in accordance with the instructions in that section. By signing this form, the financial institution authorizes the Federal Reserve Bank that maintains its Master Account identified in section 3A to settle the fees selected in section 2 in that Master Account as of the effective month of this form. The financial institution may choose to report these fees through a Secondary Routing Transit Number (Secondary RTN) associated with the Master Account for informational purposes by completing section 3B.

Please retain a copy of the completed form for your records. Any form that is incomplete will be returned to the sender. Each term used, but not defined, in this form has the meaning given to such term in the Federal Reserve Banks' Operating Circular 12.

For assistance completing this form, please contact NSS Central Services Support Staff (CSSS) at (833) 377-7827 or csss.staff@ny.frb.org.

Send completed forms to CSSS:

Email: csss.staff@ny.frb.org

The form must be received by CSSS no later than ten business days prior to the last business day of the requested month for the settlement of fees.

Section 2: Settlement Agent & Settlement Arrangement**A. Selection of Fees and Requested Effective Month**

Please identify the fees that the Settlement Agent requests to settle in the financial institution's Master Account identified in section 3A and provide the requested effective month to begin settlement. The codes for the selected fees will be shown on the financial institution's Statement of Service Charges.

Requested Effective Month* (mm/yyyy)	
Select the fees that the Settlement Agent requests to settle in the financial institution's Master Account identified in section 3A of this form.*	☐ 1002 – National Settlement Service (applied to the Settlement Arrangement) ☐ 1210 – Electronic Access (applied to the Settlement Agent)

B. Settlement Agent Information

Please complete this section if the Settlement Agent requests to settle the electronic access fees applied to the Settlement Agent in the financial institution's Master Account identified in section 3A. This section 2B must be signed by an individual that appears as an authorized individual on the Settlement Agent's Official Authorization List (OAL) currently on file with the Federal Reserve Banks using an ink signature or an electronic signature that is acceptable to the Federal Reserve Banks.

The authorized individual that signs this section 2B may also provide authorization for section 2C. Instead of completing and signing the authorization section in section 2C, the authorized individual may check the box included below to provide authorization for section 2C as well.

Settlement Agent Name*			
Identification Number (please select and provide one of the following: Customer Identification Number (CIN), Routing Transit Number (RTN), or Electronic Transaction Identifier (ETI))*	☐ CIN: _____ (Note: Settlement Agent CINs are typically provided by CSSS) ☐ RTN: _____ ☐ ETI: _____		
Street Address*			
City*			
State*/Zip Code*	State	Zip Code	

Authorization Section

Authorized Signer Name*	First	MI	Last
Authorized Signer Title*			
Authorized Signer Email Address*			
Authorized Signer Phone Number*	Country Code	Phone	Extension
Authorized Signature*			
Date*			
☐ The authorized signer of this section 2B also provides authorization for section 2C			

C. Settlement Arrangement Information

Please complete this section if the Settlement Agent requests to settle the NSS fees applied to the Settlement Arrangement in the financial institution's Master Account identified in section 3A. This section 2C must be signed by an individual that appears as an authorized individual on the Settlement Agent's OAL currently on file with the Federal Reserve Banks using an ink signature or an electronic signature that is acceptable to the Federal Reserve Banks, unless the authorized signer of section 2B also provides authorization for this section 2C (please see the instructions to section 2B).

Settlement Arrangement Name*			
Identification Number *	CIN: _____ (Note: Settlement Arrangement CINs are typically provided by CSSS)		
Street Address (To be completed if different from Settlement Agent address; otherwise leave blank)			
City (To be completed if different from Settlement Agent address; otherwise leave blank)			
State/Zip Code (To be completed if different from Settlement Agent address; otherwise leave blank)	State	Zip Code	

Authorization Section

Please leave this section blank if the authorization in section 2B also applies to this section 2C

Authorized Signer Name	First	MI	Last
Authorized Signer Title			
Authorized Signer Email Address			
Authorized Signer Phone Number	Country Code	Phone	Extension
Authorized Signature			
Date			

Section 3: Designated Master Account and Secondary RTN**A. Designated Master Account**

This section 3A must be completed by the financial institution at the Master Account level. The RTN listed in this section 3A must identify the financial institution's Master Account that the Federal Reserve Banks may use to settle the fees selected in section 2. This section 3A must be signed by an individual that appears as an authorized individual on the financial institution's OAL currently on file with the Federal Reserve Banks using an ink signature or an electronic signature that is acceptable to the Federal Reserve Banks.

Financial Institution Name *		
Identification Number *	RTN: _____	
Street Address*		
City*		
State*/Zip Code*	<i>State</i>	<i>Zip Code</i>

Authorization Section

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

B. Secondary RTN

By completing this section, the financial institution may request that the fees selected in section 2 be reported through a Secondary RTN associated with the financial institution's Master Account for informational reporting purposes. If the financial institution does not want to report the fees through a Secondary RTN, it does not need to complete this section.

Secondary RTN		
Financial Institution Name		
Street Address		
City		
State/Zip Code	<i>State</i>	<i>Zip Code</i>

NSS Staff Use Only

Updated By: _____ Verified By: _____ Date: _____

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