

FedACH[®] Participation Agreement

Part 2: Origination Options

Table S.3 – Sending Point Designation

*Required Fields

Section 1: Service Description and Form Instructions

- Service Provider designates the entity named below as a Sending Point for the items Service Provider has been designated to send.
- Service Provider may perform all the actions that a designated Sending Point is authorized to perform in the handling of ACH items sent to the Reserve Bank. Such instructions may include, but are not limited to, instructions regarding who should be contacted regarding file transmission issues. (Service Provider must complete Table S.4)
- The Reserve Bank has no obligation to contact the Sending Point regarding file transmission issue.

For detailed instructions on completing this agreement, please refer to the [Participation Agreement Instructions](#) located at FRBServices.org.

For additional assistance completing and/or submitting this form, please contact Federal Reserve Bank Sales Support at 800-257-6701.

Send completed forms to the Support Center at:
ccc.bankservices@kc.frb.org.

Section 2: Customer Information

Service Provider Name*			
Identification Number (RTN/ETI)*			
Contact Name*	First	MI	Last
Contact Phone Number*	Country Code	Phone	Extension
Contact Email Address*			

Section 3: Service Specific Information / Customer Specific Requests

Requested Effective Date* (ACH Process Date) <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>	
Action*	☐ Add (Sending Point and Service Provider must sign authorization boxes below.) ☐ Delete (Service Provider ONLY must complete Authorized Approval section below.)
Sending Point Name*	
Sending Point Identification Number (RTN/ETI)*	

Section 4: Authorized Approval**Service Provider Authorized Approval**

Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signature* (Authorized ACH signer on Official Authorization List)			

Sending Point Authorized Approval

Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Contact Email Address*			
Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signature* (Authorized ACH signer on Official Authorization List)			

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