

# FedACH<sup>®</sup> Participation Agreement

## Part 4: Sending Point<sup>1</sup> and Receiving Point<sup>2</sup>

### Contingency Information

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#### \*Required Fields

#### Section 1: Service Description and Form Instructions

This agreement allows Sending and Receiving Points to establish alternate processing arrangements to be used in contingency situations. The agreement is kept on file at the Retail Product Office Customer Support Site and can be invoked when necessary.

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](mailto:ccc.bankservices@kc.frb.org).

#### Section 2: Customer Information (Sending Point/Receiving Point)

|                                                            |                     |              |                  |  |
|------------------------------------------------------------|---------------------|--------------|------------------|--|
| <b>Participating Institution or Service Provider 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>                              |                     |              |                  |  |

<sup>1</sup> Sending Point means the entity that owns the electronic connection that is used to send ACH items to the Reserve Bank.

<sup>2</sup> Receiving Point means the entity that owns the electronic connection that is used to receive ACH items from the Reserve Bank.

**Section 3: Service Specific Information / Customer Specific Requests**

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Requested Effective Date* (ACH Process 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> |                                                                                                                                                                                                                                                        |
| <b>Action</b>                                                                                                                                                                                                              | <input type="checkbox"/> <b>Add</b><br><input type="checkbox"/> <b>Change</b> <i>(This supersedes all current contingency arrangements.)</i><br><input type="checkbox"/> <b>Delete</b> <i>(Participating Institution <b>ONLY</b> must sign below.)</i> |

**3.1**

In addition to the individuals listed in Table S.4 (for Sending Points), identify individuals who are authorized to provide instruction on behalf of your institution during contingency situations.

| Name | Hours Available | Business Hours Phone Number | After Hours Phone Number | Email Address |
|------|-----------------|-----------------------------|--------------------------|---------------|
| 1.   |                 |                             |                          |               |
| 2.   |                 |                             |                          |               |
| 3.   |                 |                             |                          |               |

**3.2**

Indicate Contingency Arrangements. (Check ALL that apply.)

**Note:** In the event of a contingency situation your organization must notify the FedACH Central Operations Site to activate the contingency arrangements specified below.

|                                                                                                                  |                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Another electronic access solution at primary site</b>                               | <input type="checkbox"/> FedLine Advantage®<br><input type="checkbox"/> Fedline Command®<br><input type="checkbox"/> Fedline Direct® |
| <input type="checkbox"/> <b>Off-site Location</b>                                                                | <input type="checkbox"/> FedLine Advantage®<br><input type="checkbox"/> Fedline Command®<br><input type="checkbox"/> Fedline Direct® |
| <input type="checkbox"/> <b>Contingency Provider</b><br><i>(Provider must sign authorization section below.)</i> | <input type="checkbox"/> Input (Send)<br><input type="checkbox"/> Output (Receipt)                                                   |

**Section 4: Authorized Approval****Sending Point/Receiving Point Authorized Approval**

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

**Contingency Provider<sup>3</sup> Authorized Approval**

|                                                                                               |                     |              |                  |  |
|-----------------------------------------------------------------------------------------------|---------------------|--------------|------------------|--|
| <b>Contingency Provider 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>                                                                 |                     |              |                  |  |
| <b>Authorized Signer Name*</b>                                                                | <i>First</i>        | <i>MI</i>    | <i>Last</i>      |  |
| <b>Authorized Signature*</b><br><i>(Authorized ACH signer on Official Authorization List)</i> |                     |              |                  |  |

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<sup>3</sup> The Contingency Provider must own the electronic connection that will be used to provide Contingency Services.