



FedACH[®] Participation Agreement

Part 6D: FedPayments[®] Reporter

Section B – Designation of Nonpayment File Delivery Channel and Connection (Reports via FedLine[®])

*Required Fields

Section 1: Service Description and Form Instructions

A Participating Institution that subscribes to the FedPayments Reporter Service (Service) or its Service Participation Point Manager¹ may elect to have some or all of Participating Institution's FedPayments Reporter generated reports delivered via a file delivery channel. For such reports a Participating Institution or its Service Participation Point Manager must use this Section B of Part 6D to designate the channel and electronic connection that the Reserve Bank will utilize for delivery. **Only one electronic connection may be designated for each Participating Institution RTN.**

Once the electronic connection designated in this form has been activated for the Service, a Participating Institution or its Service Participation Point Manager may use the Service maintenance screens on FedACH Information Services to select the file delivery option for FedPayments Reporter generated reports for the Participating Institution's RTN. **FedPayments Reporter output will be delivered in discrete files in .xml format identified by the unique identifier RPTS.**

When you submit this form, the submitted form supersedes any previous versions of the same form.

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.

¹ As defined in OC 4, Appendix F, Section 4.
FRBServices.org

Section 2: Customer Information

Participating Institution Name*			
Identification Number (RTN/ETI)*			
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*			

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>	
Service Request* <i>Select ONE option.</i>	☐ Add (Designate channel and connection for the first time.) ☐ Change (Change previous designation.) ☐ Delete (Delete electronic connection.)

3.1 Electronic Channel and Connection

The electronic connection designated below will serve as Participating Institution's information point, as defined in the Terms and Conditions for the FedACH Information Services appended to Section C of Part 6D of this Participation Agreement,. If the designated electronic connection is owned by an entity other than Participating Institution, that entity will serve as Participating Institution's information point agent, as provided in the Terms and Conditions for the FedACH Information Services appended to Section C of Part 6D of this Participation Agreement.

If Participating Institution selected "Delete" at the top of this page, the electronic connection designated below will no longer serve as the Participating Institution's information point and any associated information point agency will be terminated.

Electronic Channel <i>Select ONE Option.</i>	☐ FedLine Advantage® ☐ FedLine Command® ☐ FedLine Direct®
Electronic Connection* <i>Select ONE Option.</i>	Deliver Participating Institution's reports to ☐ The electronic connection associated with Participating Institution's RTN indicated in Section 2 above. ☐ The electronic connection associated with Service Provider's RTN indicated in Section 4 below.

Section 4: Authorized Approval**Authorized Approval Signature Information**

Refer to the table below to determine which entity or entities must sign this section below.

Required Signer(s)	Scenario
Participating Institution Only	Participating Institution is submitting this form and designating an electronic connection associated with its RTN listed in Section 2 of this form.
Service Participation Point Manager Only	Service Participation Point Manager is submitting this form and designating an electronic connection associated with its RTN in Section 4 of this form. To designate its own electronic connection Service Participation Point Manager must also be designated as Participating Institution's Service Provider in Part 2 or 3A of the Participation Agreement and must be a Sending Point or Receiving Point.
Participating Institution and Service Participation Point Manager	Service Participation Point Manager is submitting this form and designated an electronic connection associated with Participating Institution's RTN listed in Section 2 of this form.
Participating Institution and Service Provider	Participating Institution is submitting this form and designating an electronic connection associated with its Service Provider's RTN provided in Section 4 of this form.
Service Participation Point Manager and Service Provider	Service Participation Point Manager is submitting this form and designating an electronic connection associated with Participating Institution's Service Provider's RTN provided in Section 4 of this form.

Participating Institution

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

Service Participation Point Manager Authorized Approval

The entity signing below must be designated as a Service Participation Point Manager in Section A or B of Part 6E for the Participating Institution RTN/ETI listed in Section 2.

Service Participation Point Manager Name				
Identification Number (RTN/ETI)				
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)				

Service Provider Authorized Approval

Service Provider Name			
Identification Number (RTN/ETI)			
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 <i>(Authorized ACH signer on Official Authorization List)</i>			

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