



FedACH[®] Participation Agreement

Part 6E: Designation of Service Participation Point

Section B – Third Party Service Participation Point

*Required Fields

Section 1: Service Description and Form Instructions

Complete this form only if your institution will use a Service Participation Point to access and administer the FedPayments[®] Reporter or FedACH Risk[®] RDFI Alert Service.

This form is used only to designate or revoke a Service Participation Point for your institutions' FedPayments Reporter or RDFI Alert Service. To subscribe or unsubscribe from the FedPayments Reporter or RDFI Alert Service, use the appropriate service request form.

Complete Section A or B of Part 6E of the FedACH Participation Agreement, as applicable.

- Complete **Section A** if the Service will be accessed and administered for your institution's RTNs that are subscribing to the Service from an electronic device that is owned and operated by your institution.
- Complete this section, **Section B**, if the Service will be accessed and administered for all your institution's RTNs that are subscribing to the Service from an electronic device that is owned or operated by a third party.

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.

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 new Service Participation Point.) ☐ Change (Change RTNs or services.) ☐ Delete (Revoke a Service Participation Point.)
Service Participation Point Identification Number (RTN/ETI)* <i>Specify the third party RTN/ETI through which the Service will be accessed and administered.</i>	
Third Party Name* <i>Specify the name of the third party that owns or operates the electronic connection associated with the Service Participation Point RTN/ETI listed above, if applicable..</i>	

3.1 RTNs for which Service will be accessed

List all of your institution's RTNs for which the Service will be accessed and administered from the Service Participation Point listed in Section 3 above. For each RTN, indicate which service(s) the Service Participation Point will access and administer.

RTN	Service	
	FedPayments Reporter	FedACH Risk RDFI Alert
1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐
6.	☐	☐
7.	☐	☐
8.	☐	☐
9.	☐	☐
10.	☐	☐

Section 4: Authorized Approval

Your institution hereby designates the electronic device that accesses the Reserve Bank's systems using the RTN/ETI listed in Section 3 as the Service Participation Point for the RTNs and services listed in Section 3.1.

Your institution appoints the entity named in Section 3 as your institution's Service Participation Point Manager,¹ as described in Appendix F to Operating Circular 4. Appendices F1 and F2, as they currently apply to the FedPayments Reporter Service are also applicable for Service Participation Point Managers designated for the FedPayments Reporter and RDFI Alert services respectively. This agency designation can be revoked only by updating this form.

Participating Institution Authorized Approval

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

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

Service Participation Point Manager Authorized Approval

By signing below, the Service Participation Point Manager agrees to the terms of the Appendix F of Operating Circular 4 and Operating Circular 5.

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)				

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