

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

## Part 5A: Advices

### \*Required Fields

### Section 1: Service Description and Form Instructions

The Reserve Bank creates advice statements after each settlement deadline that summarize the participant's settlement information. Designate advice delivery details below.

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 Customer Contact Center at:

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

### Section 2: Customer Information

<b>Participating Institution 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>			

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

<b>Requested Effective Date* (ACH Process Date)</b> <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>	
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#### 3.1 Select one.

<b>Action*</b>	<input type="checkbox"/> <b>Add</b> receipt option(s). <input type="checkbox"/> <b>Change</b> receipt option(s). <input type="checkbox"/> <b>Delete</b> advice receipt options noted. All others will remain active. <i>(Participating Institution <b>ONLY</b> must sign below.)</i>
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**3.2 Indicate where your advices should be delivered.**

<b>Action*</b>	<input type="checkbox"/> Send to your institution. ( <i>Participating Institution completes #3 below and signs authorization box.</i> ) <input type="checkbox"/> Send to Service Provider. ( <i>Service Provider completes Server Provider Designation and #3 below. BOTH Participating Institution and Service Provider sign authorization box.</i> )
<b>Service Provider Designation Only:</b> <i>Select ONE option.</i>	<input type="checkbox"/> Discrete (Advices for this institution will be delivered in a separate file. The Service Provider must own the connection receiving this advice.) <input type="checkbox"/> Commingled (Advices for this institution will be commingled with all other advices in a single file. This option gives a Service Provider that uses FLIS access to view participants' Settlement Summaries in FLIS.)

**3.3 Indicate how advices should be delivered.<sup>1</sup> Check ALL that apply.**

<input type="checkbox"/> <b>Print Display (PDAA)</b>	<input type="checkbox"/> FedLine Command <sup>®</sup> <input type="checkbox"/> FedLine Direct <sup>®</sup>
<input type="checkbox"/> <b>Data Format (FAHA)</b>	<input type="checkbox"/> FedLine Advantage <sup>®</sup> <input type="checkbox"/> FedLine Command <sup>®</sup> <input type="checkbox"/> FedLine Direct <sup>®</sup>

**Section 4: Authorized Approval****Participating Institution Authorized Approval**

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

<sup>1</sup> To receive advices via fax or email, please complete the [FedMail<sup>®</sup> Service Request Form](#).

**Service Provider Authorized Approval**

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

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