



**Accounting Information Services Subscription  
Form 1 – Delivery Profile for Statement of Account**

To the Federal Reserve Bank of: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Routing (ABA) Number: \_\_\_\_\_

*Authorization:*

Authorized Approver and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**This form is for:**  Add  Change  Delete

(See Fee Schedules for any applicable fees)

Please select applicable boxes below for Statement Type and Service/Delivery Method:

Select Statement Type:	Additional Notes
<input type="checkbox"/> Statement of Account <i>(Master Accounts Only)</i> Check here <input type="checkbox"/> to <b>not</b> include Statement of Your Subaccounts' Activity, if applicable Check here <input type="checkbox"/> to <b>not</b> include Statement of Your Respondents' Activity, if applicable Check here <input type="checkbox"/> to <b>not</b> include Statement of Items Through Your Correspondent, if applicable	Statement includes summary and detail, but is also available as summary only Check here for <input type="checkbox"/> Summary Only  (Statement of Your Subaccounts' Activity and Statement of Your Respondents' Activity are available in detail only)
<input type="checkbox"/> Statement of Items Through Your Correspondent <i>(Respondents)</i>	Statement includes summary and detail, but is also available as summary only. Check here for <input type="checkbox"/> Summary Only
<input type="checkbox"/> Statement of Items Through Your Master <i>(Subaccounts)</i>	Statement includes summary and detail, but is also available as summary only. Check here for <input type="checkbox"/> Summary Only

**Select Statement Service/Delivery Method:**

**Report:**

- a.  PDF View and/or Print Statement from Account Management Information (AMI) Application
- b.  Print-image FedMail E-Mail Delivery: \_\_\_\_\_  
 Optional Deliveries (2 maximum) to: \_\_\_\_\_ & \_\_\_\_\_
- Print-Image FedMail Fax Delivery: \_\_\_\_\_  
 Optional Deliveries (2 maximum) to: \_\_\_\_\_ & \_\_\_\_\_
- c.  Print-Image Delivery through a Computer Interface Connection *(Optional Deliveries (2 maximum) to ABA(s) and Node Names)*  
 Please Specify Delivery Routing Number (ABA#) and Node Name : \_\_\_\_\_ & \_\_\_\_\_
- d.  Downloadable Print-Image (PCST) through Account Management Information (AMI) Application

**Data File:**

- e.  Machine Readable Reconciliation File (FIRD unattended) through the Account Management Information (AMI) Application
- f.  Reconciliation Statement of Account Spreadsheet Format (SASF) through Account Management Information (AMI) Application
- g.  Machine Readable Reconciliation File (FIRD attended) through Computer Interface Connection  
 Please Specify Delivery Routing Number (ABA#) & Node Name \_\_\_\_\_  
 Optional Deliveries (2 maximum) to ABAs and Node Names : \_\_\_\_\_ & \_\_\_\_\_

**FRB use only:** Effective Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Processor: \_\_\_ Sig. Verification +/-or \_\_\_ Callback +/-or \_\_\_ Known Contact Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_  
 DI Contact: \_\_\_\_\_ FRB Contact: \_\_\_\_\_ Number Called/EXT: \_\_\_\_\_

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**Accounting Information Services Subscription  
Form 2 – Delivery Profile for Statement of Service Charges**

To the Federal Reserve Bank of: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

*Authorization:*

Authorized Approver and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**This form is for:**  Add  Change  Delete

Please select applicable boxes below for Statement Type and Service/Delivery Method:

Select Statement Type:	Additional Notes
<input type="checkbox"/> Statement of Service Charges: Master Account	A standard summary or a summary with Service Area Totals for Subaccount/Respondents are available. Check here for <input type="checkbox"/> Summary w/ Service Area Totals
<input type="checkbox"/> Statement of Service Charges: Subaccount	A standard summary or a summary with Service Area Totals for Respondents are available. Check here for <input type="checkbox"/> Summary w/ Service Area Totals
<input type="checkbox"/> Statement of Service Charges: Respondent	A standard summary or a summary with Service Area Totals for Respondents are available. Check here for <input type="checkbox"/> Summary w/ Service Area Totals

**Select Service/Delivery Method**

**Report:**

a.  View, Print and/or Download Summary Statements and Detailed Information from Service Charge Information (SCI) Application

b.  FedMail® E-Mail Delivery to E-Mail Address: \_\_\_\_\_

*Optional Deliveries (2 maximum) to:* \_\_\_\_\_ & \_\_\_\_\_

FedMail Fax Delivery to Fax Number: \_\_\_\_\_

*Optional Deliveries (2 maximum) to:* \_\_\_\_\_ & \_\_\_\_\_

c.  Print-Image File through Computer Interface Connection.

Please Specify Delivery Routing Number (ABA#) and Node Name: \_\_\_\_\_

*Optional Deliveries (2 maximum) to (ABAs and Nodes):* \_\_\_\_\_ & \_\_\_\_\_

**Data Files:**

d.  Reconciliation Data File from SCI Application

e.  Reconciliation Data File through a Computer Interface Connection.

Please Specify Delivery Routing Number (ABA#) and Node Name: \_\_\_\_\_

*Optional Deliveries (2 maximum) to (ABAs) and Node Names:* \_\_\_\_\_ & \_\_\_\_\_


f.  Data File through Computer Interface Connection. Please Specify Delivery Routing Number (ABA#) and Node Name: \_\_\_\_\_

*Optional Deliveries (2 maximum) to ABAs and Node Names:* \_\_\_\_\_ & \_\_\_\_\_

**FRB use only:** Effective Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Processor: \_\_\_ Sig. Verification +/-or \_\_\_ Callback +/-or \_\_\_ Known Contact Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_  
DI Contact: \_\_\_\_\_ FRB Contact: \_\_\_\_\_ Number Called/EXT: \_\_\_\_\_

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	<b>Accounting Information Services Subscription Form 3 – Delivery Profile for IAS Notifications</b>	
	To the Federal Reserve Bank of: _____	Customer Name: _____
	Customer Address: _____	Effective Date: _____
	Routing (ABA) Number: _____	
	Authorization:	
Authorized Approver and Title: _____		Signature: _____
Telephone: _____		Email: _____

This form is for:  Add  Change  Delete

**Select if notification is for:**  *Own Activity* (Notifications for items settling in own Fed account)  *Correspondents/Master* (Correspondent/master requesting to receive respondent/subaccount notifications for items settling in the master/correspondent account)  *Respondents/Subaccount* (Respondent/subaccount requesting to receive notifications for items settling in a correspondent/master account)

Please select applicable boxes below for service and delivery method:

(The transaction codes are available in the Account Management Guide published on the Federal Reserve's Financial Services website: [www.frbfinancialservices.org](http://www.frbfinancialservices.org). After selecting "Reference Guides and Operating Circulars" on the left menu, select the Account Management Guide and Appendix B from the Guide's bookmarked Table of Contents. Appendix B lists the transaction codes.)

Select Service Category Within 2 Digit SIR Code	Or, List 4 Digit Transaction Code Below	Minimum \$ Amount
All Below		
ACH [57]		
Account Charges (other than service charges) [84]		
Capital Stock [66]		
Check Collection: Forward Checks (other than Fed Funds Checks) [15] Return Checks [30]		
Currency and Coin [63]		
<input type="checkbox"/> National Settlement Service [11]		
Redemption or Interest on Govt. or Agency Securities [20/27]		
Savings Bonds [70]		
Treasury Investment Program & Paper Tax System [59]		
<input type="checkbox"/> Other Treasury or Government Agency Service [08]		

<b>Select Delivery Method</b> <input type="checkbox"/> Retrieve Notifications from Account Management Information (AMI) Application.  <input type="checkbox"/> Receive Notifications through a Computer Interface Connection. Please Specify Delivery Routing Number (ABA#) and Node Name: _____ <i>Optional Deliveries (2 maximum) to ABAs and Node Names:</i> _____ & _____
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<b>FRB use only:</b> Effective Date: _____ Date Received: _____ Processed By: _____ Processor: ___ Sig. Verification +/-or ___ Callback +/-or ___ Known Contact Date Contacted: _____ Time: _____ DI Contact: _____ FRB Contact: _____ Number Called/EXT: _____
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**Accounting Information Services Subscription  
Form 4A – Delivery Profile for Cash Management Basic Services**

To the Federal Reserve Bank of: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

**Authorization:**

Authorized Approver and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**This form is for:**  Add  Change  Delete

(See Fee Schedules for any applicable fees)

Please select applicable boxes below for service and delivery method:

**Select Service**

Own Account Activity (Master Accounts, Subaccounts, and Respondents)

The Master Own Account Activity Report depicts own activity for the account holder; the Subaccount Own Activity Report depicts transactions settling in Master Account; the Respondent Own Activity Report depicts transactions settling in correspondent account. Master accounts requesting to subscribe to their subaccount and respondent reports should select the Individual Subaccount and Individual Respondent reports below. Subaccounts requesting to subscribe to their respondent reports should select the Individual Respondent report below.

Subaccount Recap Activity (Master Accounts Only)

Individual Subaccount Activity (Master Accounts Only)

Respondent Recap Activity (Master Accounts Only)

Individual Respondent Activity (Master Accounts and Subaccounts subscribing to their Respondents' Individual Reports)

**If the Individual Respondent and/or Individual Subaccount reports are selected, please either list individually (up to a limit of 26) or check "All" for delivery for all. Please attach a sheet if additional space is needed.**

- All Respondents (Master and Subaccounts Only)
- All Subaccounts (Master Accounts Only)

List ABA below if requesting specific Respondent/Subaccount Individual Reports


**Select Delivery Method**

Retrieve and/or Download in Real-Time Account Management Information (AMI) CMS Basic Reports. Account Holders can also Download CMS Basic Reports via AMI at Pre-Established Times Set by the Reserve Bank.


Electronic Delivery of Print Display File of CMS Basic reports through a Computer Interface Connection at Pre-Established Times Set by the Reserve Bank. Please Specify Delivery Routing Number (ABA#) and Node Name: \_\_\_\_\_

Optional Deliveries (2 maximum) to ABAs and Node Names \_\_\_\_\_ & \_\_\_\_\_

**FRB use only:** Effective Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Processor: \_\_\_\_\_ Sig. Verification +/-or \_\_\_\_\_ Callback +/-or \_\_\_\_\_ Known Contact \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_  
 DI Contact: \_\_\_\_\_ FRB Contact: \_\_\_\_\_ Number Called/EXT: \_\_\_\_\_

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	<b>Accounting Information Services Subscription</b> <b>Form 4B – Delivery Profile for Cash Management Plus Services, the CI Intra-Day File, and/or Download Search Results in Spreadsheet Format</b>
	To the Federal Reserve Bank of: _____ Customer Name: _____ Customer Address: _____ Effective Date: _____ Routing (ABA) Number: _____
<b>Authorization:</b> Authorized Approver and Title: _____ Signature: _____ Telephone: _____ Email: _____	

**This form is for:**  Add  Change  Delete  
 (See Fee Schedules for any applicable fees)

Please select applicable boxes below for service and delivery times for the CMS Plus and CI Intra-day files:

Select Service	
<input type="checkbox"/> CMS Plus (AMI Only)– All Activity (Master Accounts Only) Intra-day detail activity ASCII data files through Account Management Information (AMI) for all transactions settling in master account, excluding Fedwire Funds and Fedwire Securities (including respondents and subaccounts' activity)  <input type="checkbox"/> Select Box to Include End of Day Spreadsheet Statement File	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET. __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET
<input type="checkbox"/> CMS Plus (AMI Only) - Own Activity (Master Accounts Only) Intra-day detail activity ASCII data files through Account Management Information (AMI) with account details for own activity for all transactions excluding Fedwire Funds and Fedwire Securities (excludes any respondents and/or subaccounts' activity).	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET. __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET
<input type="checkbox"/> CI Intra-Day (IDAY) Reconciliation File (CI Connection Only) (Master Accounts Only)  Electronic Delivery of Intra-day CI Reconciliation file through a Computer Interface: Files include detail activity in machine readable format for all transactions settling in master account, excluding Fedwire Funds and Fedwire Securities (including respondents and subaccounts' activity)  Please Specify Delivery Routing Number (ABA#) and Node Name: _____ Optional Deliveries (2 maximum) to ABAs and Node Names: _____ & _____	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET. __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET; __: __ ET
<input type="checkbox"/> Download Search Results (DSR) in Spreadsheet Format from Account Management Information (AMI) Application)	

<b>FRB use only:</b> Effective Date: _____ Date Received: _____ Processed By: _____ Processor: _____ Sig. Verification +/-or _____ Callback +/-or _____ Known Contact _____ Date Contacted: _____ Time: _____ DI Contact: _____ FRB Contact: _____ Number Called/EXT: _____
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**Accounting Information Services Subscription  
Form 5 – Subaccount Access to Accounting Service Inquiries and Account Management Information (AMI)**

To the Federal Reserve Bank of: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

*Authorization:*

Authorized Approver and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**This form is for:**  Add  Change  Delete

This service provides inquiry access to the Master Account View for the Subaccounts designated below.

Please designate Subaccount Routing (ABA) Numbers and access for each below (attach an additional page if needed):

Subaccount ABA Number	FedLine Web®/FedLine Advantage <sup>SM</sup> Account Management Information (AMI) <sup>1</sup> Yes/No	Accounting Services <sup>2</sup> (CI) ABA	Accounting Services <sup>3</sup> ABMS Balance Inquiry Yes/No	Accounting Services <sup>3</sup> IAS Daylight Overdraft Inquiry Reports Yes/No	Accounting Services <sup>3</sup> IAS Account Inquiry Yes/No
1.					
2.					
3.					
4.					
5.					
6.					

<sup>1</sup> Account Management Information (AMI) available through FedLine Web or FedLine Advantage provides ABMS, Daylight Overdraft and Account Inquiries via two views. The view is determined by the type of access requested on the Subscriber Credential Request Form: 1) Non-restricted ABMS view includes balances, activity, memo post, single day net debit cap, funds collateral and securities collateral, and also includes access to Daylight Overdraft Reports and Inquiries and Account Inquiries; 2) Restricted ABMS view includes balances and activity as well as access to Daylight Overdraft Inquiries and Account Inquiries. This view does not include access to view collateral, net debit cap, memo post and Daylight Overdraft Reporting and Pricing (DORPS) reports.

<sup>2</sup> If you use a Computer Interface for inquiries in addition to Account Management Information (AMI), you must also select YES for ABMS, for Daylight Overdraft and for Account Inquiry when you select YES for a Master Account View to a Subaccount via Account Management Information. All inquiries are available on this FedLine Web application.

<sup>3</sup> Accounting Services Inquiries (Daylight Overdraft Inquiry, ABMS Balance Inquiry, IAS Accounting Inquiry) are accessible through a Computer Interface (CI) connection.

<b>FRB use only:</b> Effective Date: _____ Date Received: _____ Processed By: _____ Processor: ___ Sig. Verification +/-or ___ Callback +/-or ___ Known Contact Date Contacted: _____ Time: _____ DI Contact: _____ FRB Contact: _____ Number Called/EXT: _____
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**Accounting Information Services Subscription  
Form 6 – Affiliate Access to Service**

To the Federal Reserve Bank of: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Routing (ABA) Number: \_\_\_\_\_

*Authorization:*

Authorized Approver and Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

This form is for:  Add  Change  Delete

This service grants a designated institution access to Accounting Information Services for another institution (affiliate) for the services named below.

**Check this box and the appropriate box(es) below if you want to grant the institution named below access to the above named affiliate institution's accounting information.**

\_\_\_\_\_  
Name of Institution ABA

Account Management Information (AMI) - All AMI Services and Features for all Activity, or

Account Management Information (AMI) **-(Service Bureaus only)** - Limited to Find Transaction(s) and Notification Features for Cash Letter items only

Service Charge Information (SCI)

Information regarding the Account Management Information (AMI) can be found at the Federal Reserve Financial Services website: [www.frbservices.org](http://www.frbservices.org). Select "Sign Up for FedLine®."

**FRB use only:** Effective Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Processor: \_\_\_ Sig. Verification +/-or \_\_\_ Callback +/-or \_\_\_ Known Contact Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_  
DI Contact: \_\_\_\_\_ FRB Contact: \_\_\_\_\_ Number Called/EXT: \_\_\_\_\_

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