



Federal Reserve Bank

Federal Reserve Account Structure Guide, Attachment B

Transaction and Service Fee Informational Reporting Instructions for Other Secondary Routing Transit Numbers (RTNs) Form

By signing this form, the Financial Institution named below authorizes the Federal Reserve Bank to follow the instructions noted in this Attachment B. All debits and credits for financial transactions and service charges for Other Secondary RTNs will report directly to the Financial Institution's Primary RTN (Master RTN) for Account Holders unless this form is completed and signed authorizing the Federal Reserve Bank to report (for informational purposes only) debits and credits for the Other Secondary RTN (OSRTN) identified in Section 3 through a Secondary RTN associated with the Financial Institution. Note, that all debits and credits for financial transactions and service charges for Other Secondary RTNs must report through the Financial Institution's Primary RTN for Non-Account Holders and Account Holders that have established a Correspondent relationship. These transactions will ultimately settle with the Correspondent's Primary RTN. Additionally, debit and credit transactions and service charges for Subaccount RTNs must report directly to the Financial Institution's Master RTN. This form can also be completed and signed authorizing the Federal Reserve Bank to discontinue the reporting relationship for the selected transaction activity or all transaction activity and/or service charges on behalf of the OSRTN identified in section 3 and begin reporting the selected or all transaction activity and/or service charges directly to the Financial Institution's Primary RTN.

Section 1 – Transaction Informational Instructions

Requested Effective Date:	(mm/dd/yyyy):
Select the appropriate box:	<input type="checkbox"/> Report all Transaction categories for the Other Secondary RTN listed in Section 3 with the Primary RTN listed in Section 4. <input type="checkbox"/> Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Primary RTN listed in Section 4. <input type="checkbox"/> Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Secondary RTN (Subaccount RTN or Other Secondary RTN) listed in Section 5.
Select all Transaction categories that apply: (The Transaction Code category is the first two digits of the transaction code shown on your Statement of Account).	<input type="checkbox"/> 08 - Other Treasury or Government Agency Service <input type="checkbox"/> 15 - Forward Checks (<i>other than Fed Funds Checks</i>) <input type="checkbox"/> 30 - Return Checks <input type="checkbox"/> 57 - ACH <input type="checkbox"/> 63 - Currency/Coin and Cash Cross Shipping (<i>other than Custodial Inventory</i>) <input type="checkbox"/> 70 - Savings Bonds

Section 2 – Service Charge Informational Instructions

Requested Effective Month	(mm/yyyy):
Select the appropriate box:	<input type="checkbox"/> Report all Service Charge Information for the Other Secondary RTN listed in Section 3 with the Primary RTN listed in Section 4. <input type="checkbox"/> Report all Service Charge Information for the Other Secondary RTN listed in Section 3 of this form with the Secondary RTN (Subaccount RTN or Other Secondary RTN) listed in Section 5.

Section 3 – Other Secondary RTNs

Required Fields

This section is for an Other Secondary RTN to report information records to the Master Account directly, through a Subaccount RTN, or an Other Secondary RTN. Subaccount RTNs must report transactions directly to the Financial Institution's Master Account. *All non-Account Holders must report debit and credit financial transactions and service charges for Other Secondary RTNs directly to the Primary RTN.*

Other Secondary RTN (ABA)	
Financial Institution Name	
Street Address	
City	
State	
Zip Code	

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Section 4 – Master Account Information (or Primary for non-Account Holders) **Required Fields**

This form must be completed and approved at the Master Account level (or Primary for Non-Account Holders).

Routing (ABA) Number			
Financial Institution Name			
Street Address			
City			
State & Zip Code	State	Zip Code	
Official Signature*			
Name	First	Middle Initial	Last
Title			
Date			
Telephone	Phone	Extension	

Section 5 – Subaccount or Other Secondary RTN Information

Optional

This section is not required unless the Financial Institution listed in Section 4 desires to have the Other Secondary RTN identified in Section 3 report its debits and credits for Financial Services through a Secondary RTN associated with the Financial Institution (Subaccount or an Other Secondary RTN) for informational purposes. Please identify in this section the Secondary RTN to report debit and credit activity to for the Other Secondary RTN identified in Section 3.

Secondary RTN (Subaccount or Other Secondary RTN)			
Financial Institution Name			
Street Address			
City			
State			
Zip Code			

*Official signature must be a signer designated on your institution's *Official Authorization List*.

The completed form should be e-mailed to ccc.bankservices@kc.frb.org, faxed to (877) 281-3647, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416. This form must be received by the last business day of the requested month for settlement of service charges. Processing changes may take 5-7 business days (unless otherwise specified in OC1).

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