

# Accounting Information Services Subscription Form 6-Affiliate Access for Account Management Information (AMI) Service

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## \*Required Fields

### Section 1: Service Description and [Form Instructions](#)

This service grants an institution access to Account Balance, Daylight Overdraft Balance, and Available Funds Balance information, Accounting transactions, daily statements (Accounting Information); and/or monthly Billing information and statements (Billing Information) via the Accounting Management Information (AMI) application for the subscribing institution identified in Section 2.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine Advantage<sup>SM</sup> access and applicable credential access. To obtain credentials for Subscribers, an End User Authorization Contact (EUAC) must submit a Subscriber request via the EUAC Center within [FedLine@Home](#) for each individual who will be authorized to access the service. For applicable [Service Fees](#) information regarding Electronic Access Solutions and Account Services, go to the [Federal Reserve's Financial Services](#) website.

For assistance completing this form, please contact [Account Services Customer Support](#) located at [frbservices.org](#) under the contact us section.

Send completed forms to Customer Contact Center via:

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

Fax: (877) 281-3647

### Section 2: Customer Information

|  |                     |              |                  |
|--|---------------------|--------------|------------------|
| <b>Institution Name*</b>                 |                     |              |                  |
| <b>Identification Number (RTN/CIN)*</b>  |                     |              |                  |
| <b>Requesting Contact Name*</b>          | <i>First</i>        | <i>MI</i>    | <i>Last</i>      |
| <b>Requesting Contact Phone Number*</b>  | <i>Country Code</i> | <i>Phone</i> | <i>Extension</i> |
| <b>Requesting Contact Email Address*</b> |                     |              |                  |

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

|   |  |                        |  |
|---|--|------------------------|--|
| This form is to*  | <input type="checkbox"/> Add<br><input type="checkbox"/> Change<br><input type="checkbox"/> Delete | Accounting Information | Effective date (MM/DD/YYYY)<br><br><i>(Actual effective date may vary. Please allow 5-7 business days for processing.)</i> |
|   | <input type="checkbox"/> Add<br><input type="checkbox"/> Change<br><input type="checkbox"/> Delete | Billing Information    | Effective date (MM/DD/YYYY)<br><br><i>(Actual effective date may vary. Please allow 5-7 business days for processing.)</i> |
| <b>Name of Institution*</b><br><i>(to be granted access)</i>  |  |                        |  |
| <b>Identification Number*</b><br><b>(RTN/CIN)</b>   |  |                        |  |
| <b>Select one option below for Accounting Information</b><br><i>(Note: The institution identified in this section can only be defined with one of the options below. If the institution has existing affiliate relationships, their existing view will be applicable to all new affiliate relationships. Please confirm with the institution you are granting access to view your information to determine what their viewing option is.)</i> |  |                        |  |
| <input type="checkbox"/> All Account Balance, Daylight Overdraft Balance, and Available Funds Information (for Account Holders) and all Accounting Transactions and Statements (Account Holders and non-Account Holders) for or   |  |                        |  |
| <input type="checkbox"/> Cash Letter Transactions Only– <b>(For Service Bureaus only)</b> – Limited to the Find Transaction(s) Features for Cash Letter Service categories (e.g. 15 and 30) only.   |  |                        |  |

### Section 4: Authorized Approval from Subscribing Institution (Section 2)

The authorized signer must be listed on the Customer's Official Authorization List (OAL).

|   |              |       |           |
|---|--------------|-------|-----------|
| <b>Authorized Signer Name*</b>          | First        | MI    | Last      |
| <b>Authorized Signer Email Address*</b> |              |       |           |
| <b>Authorized Signer Phone Number*</b>  | Country Code | Phone | Extension |
| <b>Authorized Signature*</b>            |              |       |           |

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