

FedACH[®] Participation Agreement

Part 1: Agreement to Terms and General Participant Information

*Required Fields

Section 1: Service Description and Form Instructions

All ACH participants must complete this agreement. Please sign this agreement and obtain the signatures of all parties involved prior to returning it to the Reserve Bank for processing. Subsequent amendments to this agreement may not require the execution of a new agreement in its entirety. For example, if a Sending/Receiving Point change is necessary, only the applicable page(s) will need to be executed.

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 Customer Contact Center at:
ccc.bankservices@kc.frb.org.

Section 2: Customer Information

Participating Institution or Service Provider 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 Fax Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Contact Email Address*			

Section 3: Service Specific Information / Customer Specific Requests**3.1 General Information**

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>			
Business Contact Name*	First	MI	Last
Phone Number to be Published in the Composite Receiver File^{1*}	Country Code	Phone	Extension
Regional Payments Association Affiliation*			

3.2 Default Address

Used for correspondence received from the Reserve Banks. P.O. Box most often used.

Street Address or P.O. Box*	
City*	
State*	
Zip Code*	

3.3 Operations Address

Location of Operations Center. City and State are published in the Composite Receiver File (CRF) and the Treasury Master File (TMF). If no address supplied, the Default Address is used.

Street Address or P.O. Box	
City	
State	
Zip Code	

3.4 Legal Address

Official address. City and State are published in the Treasury Master File (TMF). If no address supplied, the Default Address is used.

Street Address or P.O. Box	
City	
State	
Zip Code	

¹ The Composite Receiver File is a list of all current financial institutions defined as commercial receivers in the Federal Reserve's ACH system.

Section 4: Authorized Approval

Agreement to Terms

In consideration of the Reserve Bank (i) processing automated clearing house (ACH) items for us and for other sending and receiving depository institutions or (ii) sending ACH items to and/or receiving ACH items from our institutions, we agree to the following: (1) the Reserve Banks Operating Circular 4, entitled "Automated Clearing House Items," (2) to the applicable ACH rules incorporated in Operating Circular 4, and (3) to the terms and conditions set forth in this FedACH Participation Agreement, each as amended from time to time.

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

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