

FedACH[®] Participation Agreement

Part 2: Origination Options

Table S.1 – Basic Sending Point Option

*Required Fields

Section 1: Service Description and Form Instructions

Complete this table if your institution will be a sending point. Important: **Sending Point** is defined as an entity that owns the electronic connection that is used to send ACH files to the Reserve Bank.

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 Email Address*			

Section 3: Service Specific Information / Customer Specific Requests

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>	
Select ONE option*	<input type="checkbox"/> Your organization is an Originating Depository Financial Institution. <input type="checkbox"/> Your organization is not an Originating Depository Financial Institution.
Reject Level* <i>Select ONE option.</i>	<input type="checkbox"/> Batch: If there is a condition that will cause a batch to be rejected, the Reserve Bank will accept the file for processing, but reject the batch. <input type="checkbox"/> File: If there is a condition that will cause a batch to be rejected, the Reserve Bank will reject the entire file that contains the batch.
Electronic Delivery Channel* <i>Check all that apply.</i>	<input type="checkbox"/> FedLine Advantage® <input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct®

Section 4: Authorized Approval

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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