

FedACH[®] Participation Agreement

Part 5B: Balance Report

Required Fields*Section 1: Service Description and Form Instructions**

Designate Balance Report delivery details below.

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 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>	
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3.1 Indicate where your Balance Report should be delivered.

Action* Select ONE Option.	<input type="checkbox"/> Send to your institution. (<i>Participating Institution completes 3.2 below and signs authorization box below.</i>) <input type="checkbox"/> Send to Service Provider. (<i>Service Provider completes 3.2 below and BOTH Participating Institution and Service Provider sign authorization box below.</i>) <input type="checkbox"/> Delete (<i>Participating Institution ONLY must sign authorization box below.</i>)
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3.2 Indicate how your Balance Report should be delivered. Check ONE.

Print Display (PDAB) Select ONE Option. <i>*For FedLine Advantage®, information is available via FedLine Information Services.</i>	<input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct®
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Section 4: Authorized Approval**Participating Institution 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>			

Service Provider Authorized Approval

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			
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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