



# FedACH<sup>®</sup> Participation Agreement

## Part 5C: Composite Receiver File

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### \*Required Fields

Effective April 16, 2018, no new subscriptions to the Composite Receiver File (CRF) will be accepted from either current or new FedACH customers. This agreement will be used only to request updates to, or the deletion of, an existing service subscription.

### Section 1: Service Description and Form Instructions

The Composite Receiver File is a list of Receiving Depository Financial Institutions that are ACH participants eligible to receive commercial ACH payments. Please note the Composite Receiver File is also available via the E-Payments Directory located on the Financial Services web site at [www.frbservices.org](http://www.frbservices.org).

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

### Section 2: Customer Information

<b>Participant Name*</b>					
<b>Identification Number (RTN/ETI)*</b>					
<b>Contact Name*</b>	<i>First</i>	<i>MI</i>	<i>Last</i>		
<b>Contact Phone Number*</b>	<i>Country Code</i>	<i>Phone</i>		<i>Extension</i>	
<b>Contact Email Address*</b>					

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

<b>Requested Effective Date* (ACH Process Date)</b> <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 how your Composite Receiver File should be delivered.**

Description	Frequency	Electronic Access Solution
<input type="checkbox"/> <b>Composite Receiver File</b> <i>(Complete)</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> FedLine Advantage® <input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct®
<input type="checkbox"/> <b>Composite Receiver File</b> <i>(Update)</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> FedLine Advantage® <input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct®
<input type="checkbox"/> <b>Delete All</b>		

**Section 4: Authorized Approval**

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

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