

F E D E R A L R E S E R V E  F I N A N C I A L S E R V I C E S

FedCash[®] Services Request Form

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

This form is used to establish service for a new endpoint, change, add or cancel service for an existing endpoint, or to process changes to the armored carrier that provides your Cash transportation services to/from the FRB dock. The Federal Reserve requires five business days notice for any of these requests. For additional requirements regarding your armored carrier, please refer to Section 7.1 of the Cash Services Manual of Procedures (CSMOP). This form cannot be used to request access to FedLine Web[®] or FedMail[®]. FedLine Web access information is available at [Service and Access Setup](#). FedMail access information is available at [FedMail](#).

For assistance completing this form, please consult your local FedCash Services [contact](#).

Send completed forms to the Customer Contact Center at the email address or fax number below.

Federal Reserve Bank
Customer Contact Center
ccc.bankservices@kc.frb.org
Fax: (877) 281-3647

Section 2: Customer Information

Institution Name*			
Identification Number (ABA/RTN) *			
Requesting Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Requesting Contact Title*			
Requesting Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Requesting Contact Email Address*			

Section 3: Customer Service Requests

Requested Effective Date* (Actual effective date may vary)	
Servicing FRB Office* Forms with the "Servicing FRB office" field left blank cannot be processed and will be returned to the customer.	

Service Request	<input type="checkbox"/> New Branch Setup <input type="checkbox"/> Change Current Branch Information <input type="checkbox"/> Cancel Branch Services <input type="checkbox"/> Change Armored Carrier Information
Service Types	<input type="checkbox"/> Currency Orders <input type="checkbox"/> Currency Deposits <input type="checkbox"/> Coin Orders <input type="checkbox"/> Coin Deposits (Requires FedLine Web or FedMail access to receive Deposit Differences)

3.1 Current/New Branch and Carrier Information (all fields must be completed)

If an armored carrier, or other third party, provides cash vault services for your institution, please list the carrier name as the branch name along with their assigned branch number, and use the carrier's address for the street address.

Branch Name*			
Branch Number*			
Street Address* <small>For currency and coin shipments</small>			
City*			
State*			
Zip Code*			
Contact Name* <small>If different from requestor</small>	<small>First</small>	<small>MI</small>	<small>Last</small>
Telephone*	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>
Email Address*			
Carrier Name* <small>(and carrier run, if applicable) If changing Armored Carrier, list your current carrier here; then in the "Change To" section below, complete the Carrier Name field.</small>			
FRB Ship Date <small>Check all that apply</small>	<input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Daily**

**When available in your servicing Federal Reserve Bank office.

3.2 Change To

Complete only applicable sections (if changing armored carrier(s), complete the "Carrier Name" field ONLY).

Branch Name			
Branch Number			
Street Address <small>For currency and coin shipments</small>			
City			
State			
Zip Code			
Contact Name <small>If different from requestor</small>	<small>First</small>	<small>MI</small>	<small>Last</small>
Telephone	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>
Fax Number	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>
Email Address			
Carrier Name <small>(and carrier run if applicable) If changing Armored Carrier, list new carrier name here.</small>			
FRB Ship Date <small>Check all that apply</small>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Daily* <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

3.3 Mailing Address

For notices, correspondence, mailings, and circulars

Street Address			
City			
State			
Zip Code			
Contact Name <small>If different from requestor</small>	<small>First</small>	<small>MI</small>	<small>Last</small>
Title			
Telephone	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>
Email Address			

3.4 Administrative Address

For adjustments

Street Address	
City	
State	
Zip Code	

Section 4: Authorized Approval

From Official Authorization List

Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signer Title*			
Authorized Signer Email Address*			
Authorized Signer Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Authorized Signature*			
Date*			

This application will not be accepted if the name provided above is not an individual listed on your institution's Official Authorization List (OAL). To complete an OAL for your institution or to add authorized individuals to your institution's OAL, visit [Account Services](#).

Federal Reserve Use Only		
<input type="checkbox"/> Sig. Verification	<input type="checkbox"/> Callback	<input type="checkbox"/> Known Contact
Date: _____ Time: _____		
DI Contact: _____		
FRB Contact: _____		
Number Called/Ext: _____		

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