

FedLine Direct® File Connectivity Test or Repoint Request Form

Required Fields*

Section 1: Form Instructions

This form should be used to request a FedLine Direct® File connectivity test and/or an alternate site processing repoint. The information requested in this form may be obtained in the FedLine Direct Implementation Plan that was provided to your organization when the FedLine Direct connection was established.

Connectivity Tests

- Depository Institution Testing (DIT) environment test requests **must be submitted 10 business days prior to the requested test date**. DIT testing may be scheduled during regular business hours Tuesday through Friday excluding [holidays](#).
- Production environment test requests **must be submitted 15 business days prior to the requested Saturday test date**.

Alternate Site Processing Repoint Requests

- Alternate production sites must be established and tested with the Federal Reserve Banks **prior to submitting this request**.
- To move your DIT environment processing to an alternate site, this form **must be submitted at least 10 business days prior to the date that the move will occur**.
- To move your production environment processing to an alternate site, this form **must be submitted at least 15 business days prior to the scheduled Saturday move date**.

For assistance in completing this form, please contact the CCC at: (888) 881-6700.

Send the completed form to the CCC via:

Email: ccc.ci.support@kc.frb.org

or

Fax: (866) 333-8076

Section 2: Customer Information

Identification Number (ABA/RTN)*			
EUAC Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Requested By <i>(if different than the EUAC above)</i>	<i>First</i>	<i>MI</i>	<i>Last</i>
Requested by Phone Number	<i>Area Code</i>	<i>Phone</i>	<i>Extension</i>
Requested By Email Address			

Section 3: Service Specific Information

Request Type*	<input type="checkbox"/> Connectivity Test <i>Complete Sections 2, 3.1, 3.2, 3.3 and 3.4.</i> <input type="checkbox"/> Alternate Site Processing Reprint Request <i>Complete Sections 2, 3.1, 3.2 and 3.4.</i> <input type="checkbox"/> The move to this site is permanent
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Section 3.1: Services

Services* <i>(check all that apply)</i>	<input type="checkbox"/> Accounting <input type="checkbox"/> Billing <input type="checkbox"/> DORPS <input type="checkbox"/> FedACH® <input type="checkbox"/> Fedwire® Statements <input type="checkbox"/> Other, list: _____
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Section 3.2: Environment

Environment* <i>(check only one)</i>	<input type="checkbox"/> Test <input type="checkbox"/> Production
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Section 3.3: Primary Site Information

Requested Test Date* <i>for connectivity testing at your primary site</i>	
Requested Test Time* <i>for connectivity testing at your primary site</i>	
Router Name*	
City*	
State*	
Connect:Direct Node*	
Last Octet of FRB Assigned IP Address* <i>(i.e. X.X.X.123)</i>	

Section 3: Service Specific Information (continued)

Section 3.4: Alternate Site Information

Requested Test Date* <i>for connectivity testing at your alternate site</i>	
Requested Test Time* <i>for connectivity testing at your alternate site</i>	
Router Name*	
City*	
State*	
Connect:Direct Node*	
Last Octet of FRB Assigned IP Address* <i>(i.e. X.X.X.123)</i>	

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