

Check 21 Large File Delivery Connectivity Test or Reprint Request Form

Required Fields*

Section 1: Form Instructions

This form should be used to request a Check 21 Large File Delivery connectivity test and/or an alternate site processing reprint test.

- Test (pre-prod) environment test requests **must be submitted 10 business days prior to the requested test date.**
- Production environment test requests **must be submitted 15 business days prior to the requested Saturday test 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 (if different than the EUAC above)	<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>
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Section 3.1: Services

Services* (check all that apply)	<input type="checkbox"/> FedForward®/FedReturn® (files sent from your organization to the Federal Reserve Banks) <input type="checkbox"/> FedReceipt® (files sent from the Federal Reserve Banks to your organization)
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Section 3: Service Specific Information (continued)

Section 3.2: Environment

Environment* <i>(check only one)</i>	<input type="checkbox"/> Test (pre-prod) <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 3.4: 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>	
WAN Router or VPN Device 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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