THE **FEDERAL RESERVE**Financial Services

Federal Reserve Account Structure Guide, Attachment B – Transaction and Service Fee Informational Reporting Instructions for Other Secondary Routing Transit Numbers (RTNs) Form

*Required Fields

By signing this form, the Financial Institution named below authorizes the Federal Reserve Bank to follow the instructions noted in this Attachment B. All debits and credits for financial transactions and service charges for Other Secondary RTNs (OSRTNs) will report directly to the Financial Institution's Primary RTN (Master RTN) for Account Holders unless this form is completed and signed authorizing the Federal Reserve Banks to report (for informational purposes only) debits and credits for the OSRTNs identified in Section 3 through a Secondary RTN associated with the Financial Institution. Note: All debits and credits for financial transactions and service charges for OSRTNs must report through the Financial Institution's Primary RTN for Non-Account Holders and Account Holders that have established a Correspondent relationship. These transactions will ultimately settle with the Correspondent's Primary RTN. Additionally, debit and credit transactions and service charges for Subaccount RTNs must report directly to the Financial Institution's Master RTN. This form can also be completed and signed authorizing the Federal Reserve Banks to discontinue the reporting relationship for the selected transaction activity or all transaction activity and/or service charges on behalf of the OSRTN identified in Section 3 and begin reporting the selected or all transaction activity and/or service charges directly to the Financial Institution's Primary RTN.

Section 1: Transaction Informational Instructions

Requested Effective Date*	(mm/dd/yyyy):
Select the appropriate box:*	Report all Transaction categories for the Other Secondary RTN listed in Section 3 with the Primary RTN listed in Section 4. Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Primary RTN listed in Section 4. Report the Transaction categories selected below for the Other Secondary RTN listed in Section 3 of this form with the Secondary RTN (Subaccount RTN or Other Secondary RTN) listed in Section 5.
Select all Transaction categories that apply:* (The Transaction Code is the first two digits of the transaction code shown on your Statement of Account)	 □ 08 - Other Treasury or Government Agency Service □ 15 - Forward Checks (other than Fed Funds Checks) □ 30 - Return Checks □ 44 - FedNowsM Service □ 57 - ACH □ 63 - Currency/Coin and Cash Cross Shipping (other than Custodial Inventory) □ 70 - Savings Bonds

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Section 2: Service Charge Informational Instructions

Requested Effective Month*	(mm/yyyy):			
Select the appropriate box:*	RTN lis	ited in Section 3 all Service Cha ited in Section 3	B with the Pring Trge Informations B of this form	on for the Other Secondary nary RTN listed in Section 4. on for the Other Secondary with the Secondary RTN ary RTN) listed in Section 5.
Section 3: Other Secondary I	RTNs			
This section is for an Other Secondary through a Subaccount RTN, or an Othe to the Financial Institution's Master Acc transactions and service charges for Ot	r Secondary l ount. <i>All non-</i>	RTN. Subacco Account Holder	unt RTNs mu s <i>must report</i>	st report transactions directly debit and credit financial
Other Secondary RTN (ABA)*				
Financial Institution Name*				
Street Address*				
City*				
State & Zip Code*	State			Zip Code
Section 4: Master Account In This form must be completed and appro Routing (ABA) Number*		•		•
Financial Institution Name*				
Street Address*				
City*				
State & Zip Code*	State			Zip Code
Official Signature*2				•
Name*	First	First		Last
Title*			1	•
Date*				
Telephone*	Country Code	Phone		Extension

¹ Per Operating Circular 1, transaction settlement cannot exceed three tiers.
² Official signature must be a signer designated on your institution's Official Authorization List.
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Section 5: Subaccount or Other Secondary RTN Information

This section is not required unless the Financial Institution listed in Section 4 desires to have the Other Secondary RTN identified in Section 3 report its debits and credits for Financial Services through a Secondary RTN associated with the Financial Institution (Subaccount or an Other Secondary RTN) for informational purposes. Please identify in this section the Secondary RTN to report debit and credit activity to for the Other Secondary RTN identified in Section 3.

Secondary RTN (Subaccount or Other Secondary RTN)		
Financial Institution Name		
Street Address		
City		
State & Zip Code	State	Zip Code

The completed form should be e-mailed to ccc.bankservices@kc.frb.org, faxed to (877) 281-3647 or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416. This form must be received by the last business day of the requested month for settlement of service charges. Processing changes may take 5-7 business days (unless otherwise specified in OC 1).

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