



Federal Reserve Account Structure Guide, Attachment C – Service Provider Service Fee Settlement Authorization Form

***Required Fields**

By signing this form, the Financial Institution (“Institution”) named below authorizes the Federal Reserve Bank that maintains its Master Account to settle Federal Reserve service charges in the designated Master Account for the Service Provider (“Service Provider”) named below. If desired, the Service Provider can report its service charges through a Secondary Routing Transaction Number (RTN) assigned to the Institution for informational purposes.

Section 1: Service Charges Settlement

Requested Effective Month*	(mm/yyyy)
	<input type="checkbox"/> Settle all service charges with the Master Account named below. <i>(This option requires signatures from the Service Provider and the Master Account.)</i> <input type="checkbox"/> Discontinue all current service charges agreements for the Service Provider named below. The Master Account is responsible for notifying the Service Provider of the termination prior to the effective date. <i>(This option is applicable to only the Master Account and does not require the Service Provider’s signature.)</i> <input type="checkbox"/> Discontinue service charges settlement with the Institution named below. <i>(This option does not require the Master Account’s signature.)</i>

On the effective date, this authorization will supersede any previously executed authorization by the named Service Provider.

Section 2: Service Provider

Customer Identification Number (CIN) or Electronic Transfer Identification (ETI)*			
Service Provider Name*			
Street Address*			
City*			
State & Zip Code*	<small>State</small>	<small>Zip Code</small>	
Name*	<small>First</small>	<small>MI</small>	<small>Last</small>
Title*			
Official Signature*¹			
Date*			
Telephone*	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>

Section 3: Designated Master Account

This section must be completed at the Master Account level. If the Institution desires to report charges through a Secondary RTN for informational reporting purposes, please complete Section 4 in addition to this section.

Routing (ABA) Number*			
Financial Institution Name*			
Street Address*			
City*			
State & Zip Code*	<small>State</small>	<small>Zip Code</small>	
Name*	<small>First</small>	<small>MI</small>	<small>Last</small>
Title*			
Official Signature*¹			
Date*			
Telephone*	<small>Country Code</small>	<small>Phone</small>	<small>Extension</small>

¹ Official signature must be provided by a signer designated on your institution's Official Authorization List (OAL).
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Section 4: Secondary RTN Assigned to the Designated Master Account

This section is not required unless the Institution desires to report service charges for informational purposes through a Secondary RTN of the Master Account identified in Section 3.

Routing (ABA) Number		
Financial Institution Name		
Street Address		
City		
State & Zip Code	<i>State</i>	<i>Zip Code</i>

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 Operating Circular 1).

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