

FedACH[®] Participation Agreement

Part 2: Origination Options

Table S.4 – Sending Point/Service Provider Contact Form

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

List the individuals who are authorized to verify ACH file control information and provide instructions to the Reserve Banks and receive information concerning any file transmission issues. **Please list the names in the order they should be contacted.**

Note: The Reserve Bank must be able to contact your organization at any hour during the day or night to quickly resolve problems related to your file and to process your file in the intended cycle.

When you submit this form, the submitted form supersedes any previous versions of the same form.

For detailed instructions on completing this agreement, please refer to the [Participation Agreement Instructions](#) located at FRBServices.org.

For additional assistance completing and/or submitting this form, please contact Federal Reserve Bank Sales Support at 800-257-6701.

Send completed forms to Customer Contact Center at:
ccc.bankservices@kc.frb.org.

Section 2: Customer Information

Sending Point/Service Provider Name*			
Identification Number (RTN/ETI)*			
Contact Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Contact Phone Number*	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Contact Email Address*			

Section 3: Service Specific Information / Customer Specific Requests

Requested Effective Date* (ACH Process Date) (Must be received by the Reserve Bank at least ten business days prior to the requested effective date. Actual effective date may vary from requested date.)				
Name	Hours Available	Business Hours Phone Number	After Hours Phone Number	Email Address
1.				
2.				
3.				
4.				
5.				
6.				

Section 4: Authorized Approval

Sending Point/Service Provider Authorized Signer Name*	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signature* (Authorized ACH signer on Official Authorization List)			

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