

FedACH[®] Participation Agreement

Part 5D: Information File

*Required Fields

Section 1: Service Description and Form Instructions

The Information File contains a copy of all ACH item detail information delivered to a single Receiving Financial Institution during one FedACH processing day. It is a NACHA formatted file, sent with a unique identifier (FIEF), so that it can be differentiated from standard ACH output files. In receiving Information Files, a participant assumes responsibility for ensuring that the accidental posting of items from these files does not occur. One file will be created per day and will be transmitted at end of the FedACH processing day to the location listed below.

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

Participating Institution 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) <i>(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.)</i>	
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3.1 Indicate where your Information File should be delivered.

Action* Select ONE option.	<input type="checkbox"/> Send to your institution. (<i>Participating Institution completes 3.2 below and signs authorization box below.</i>) <input type="checkbox"/> Send to Service Provider. (<i>Service Provider MUST be the connection owner. Service Provider completes 3.2 below and BOTH Participating Institution and Service Provider sign authorization boxes below.</i>) <input type="checkbox"/> Delete (<i>Participating Institution ONLY must sign authorization box below.</i>)
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3.2 Indicate how your Information File should be delivered.

NACHA Format (FIEF) Check ONE.	<input type="checkbox"/> FedLine Advantage® <input type="checkbox"/> FedLine Command® <input type="checkbox"/> FedLine Direct®
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Section 4: Authorized Approval**Participating Institution Authorized Approval**

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

Service Provider Authorized Approval

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			
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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