

FedACH[®] Participation Agreement

Part 6D: FedPayments[®] Reporter

Section C – Designation of Nonpayment File Sending Connection (On-us Inclusion)

*Required Fields

Section 1: Service Description and Form Instructions

A Participating Institution that participates in the FedPayments Reporter Service (Service) may elect to send Nonpayment Files to the Reserve Bank so that the Service can include information from those files in reports generated by the Service for your institution.

Your institution may designate more than one electronic connection from which to send Nonpayment Files to the Reserve Bank. A separate copy of this form must be used for each connection.

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>	
Service Request* <i>Select ONE option.</i>	<input type="checkbox"/> Add (Participating Institution may send Nonpayment Files to the Reserve Bank from the electronic connection designated in Section 3.1 below.) The electronic connection designated in Section 3.1 below will serve as Participating Institution's Information Point, as defined in Operating Circular 4. If the designated electronic connection is owned by an entity other than Participating Institution, that entity will serve as Participating Institution's Information Point agent, as provided in Operating Circular 4. <input type="checkbox"/> Delete (Participating Institution will no longer send Nonpayment Files from the electronic connection designated in Section 3.1 below.)

3.1 Electronic Connection

Electronic Connection* <i>Select ONE Option.</i>	Participating Institution is adding or deleting: <input type="checkbox"/> The electronic connection associated with Participating Institution's RTN indicated in Section 2 above. <input type="checkbox"/> The electronic connection associated with Service Provider's RTN indicated in Section 4 below.
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Section 4: Authorized Approval

Your institution agrees to participate in the Service and to the terms of Appendix F and F1 of Operating Circular 4, as applicable to the Service and as amended from time to time.

Participating Institution

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

Service Provider Authorized Approval

Service Provider signature only necessary if adding an electronic connection that Service Provider owns.

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 <i>(Authorized ACH signer on Official Authorization List)</i>			

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