



FedCash Services Request Form

Section 1: Service Description and Form Instructions

This form is used to establish service for a new endpoint, change, add or cancel service for an existing endpoint, authorize your designated armored carrier to initiate deposits on behalf of your institution by providing deposit data details via a What to Expect (WTE)¹ file, or to process changes to the armored carrier that provides your Cash transportation services to/from the FRB dock. The Federal Reserve requires five business days notice for any of these requests. For additional requirements regarding your armored carrier, please refer to Section 7.1 of the Cash Services Manual of Procedures (CSMOP). This form cannot be used to request access to FedLine Web® or FedMail®. FedLine Web access information is available at [Service and Access Setup](#). FedMail access information is available at [FedMail](#).

For assistance completing this form, please contact your local FedCash Services [contact](#).

Send completed forms to the Support Center at:

Federal Reserve Bank

Support Center

ccc.bankservices@kc.frb.org

Required Fields*

Required Fields - Only applicable for FedCash® Services e-Manifest**

Section 2: Customer Information

| | | | |
|--|--------------|-----------|-------------|
| Institution Name* | | | |
| Identification Number (ABA/RTN)* | | | |
| Requesting Contact Name* | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Requesting Contact Title* | | | |
| Requesting Contact Phone Number* | Country Code | Phone | Extension |
| Requesting Contact Email Address* | | | |

¹ What to Expect (WTE) File – A Reserve Bank may rely on deposit authorizations and information purporting to be issued by an authorized armored carrier, whether by written or electronic means, that the Reserve Bank reasonably believes to be authorized by the Financial Institution, and may continue to rely on such deposit authorizations and information until the authorization of the armored carrier is revoked by the Financial Institution.

Section 3: Service Specific Information / Customer Specific Requests

| | |
|--|---|
| Requested Effective Date* <i>(Actual effective date may vary)</i> | |
| Servicing FRB Office* <i>Forms with Servicing FRB field left blank cannot be processed and will be returned to the customer.</i> | |
| Service Request | <input type="checkbox"/> New Branch Setup <input type="checkbox"/> Change Current Branch Information <input type="checkbox"/> Cancel Branch Services <input type="checkbox"/> Change Armored Carrier Information <input type="checkbox"/> Allow Armored Carrier Authorization – Add transmission of deposit details via What To Expect (WTE) *** file |
| Service Types | <input type="checkbox"/> Currency Orders <input type="checkbox"/> Currency Deposits <input type="checkbox"/> Coin Orders <input type="checkbox"/> Coin Deposits <i>(Requires FedLine Web or FedMail access to receive Deposit Differences.)</i> |

*** When available in your servicing Federal Reserve Bank office.

3.1 Current/New Branch and Carrier Information (all fields must be completed)

If an armored carrier, or other third party, provides cash vault services for your institution, please list the carrier name as the branch name along with their assigned branch number, and use the carrier's address for the street address.

| | | | | |
|--|--|---|-----------------------------------|------------------|
| Branch Name* | | | | |
| Branch Number* | | | | |
| Street Address* <i>For currency and coin shipments</i> | | | | |
| City* | | | | |
| State* | | | | |
| Zip Code* | | | | |
| FI GLN^{2**} | | | | |
| Contact Name* <i>If different from requestor</i> | <i>First</i> | <i>MI</i> | <i>Last</i> | |
| Telephone* | <i>Country Code</i> | <i>Phone</i> | | <i>Extension</i> |
| Email Address* | | | | |
| Carrier Name* <i>(and carrier run, if applicable) If changing Armored Carrier, list your current carrier here; then in the Change To section below, complete the Carrier Name field.</i> | | | | |
| Carrier GLN** | | | | |
| FRB Ship Date <i>Check all that apply</i> | <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday | <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday | <input type="checkbox"/> Daily*** | |

*** When available in your servicing Federal Reserve Bank office.

² Global Location Number –unique 13 digit number used to identify a location for use in the supply chain.

3.2 Change To

Complete only applicable sections (if changing armored carrier(s), complete the "Carrier Name" and "Carrier GLN**" fields ONLY).

☐ **Authorize Armored Carrier to provide deposit details via WTE file submission.**

| | | | |
|---|---|--------------|------------------|
| Branch Name | | | |
| Branch Number | | | |
| Street Address <i>For currency and coin shipments</i> | | | |
| City | | | |
| State | | | |
| Zip Code | | | |
| Contact Name <i>If different from requestor</i> | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Telephone | <i>Country Code</i> | <i>Phone</i> | <i>Extension</i> |
| Email Address | | | |
| Carrier Name <i>(and carrier run, if applicable) If changing Armored Carrier, list new carrier name here.</i> | | | |
| Carrier GLN** | | | |
| FRB Ship Date <i>Check all that apply</i> | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Daily*** <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | | |

3.3 Mailing Address

For notices, correspondence, mailings, and circulars

| | | | |
|---|---------------------|--------------|------------------|
| Street Address | | | |
| City | | | |
| State | | | |
| Zip Code | | | |
| Contact Name <i>If different from requestor</i> | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Title | | | |
| Telephone | <i>Country Code</i> | <i>Phone</i> | <i>Extension</i> |
| Email Address | | | |

3.4 Administrative Address

For adjustments

| | |
|-----------------------|--|
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Email | |

Section 4: Authorized Approval

From Official Authorization List

| | | | |
|---|---------------------|--------------|------------------|
| Authorized Signer Name* | <i>First</i> | <i>MI</i> | <i>Last</i> |
| Authorized Signer Title* | | | |
| Authorized Signer Email Address* | | | |
| Authorized Signer Phone Number* | <i>Country Code</i> | <i>Phone</i> | <i>Extension</i> |
| Authorized Signature* | | | |
| Date* | | | |

This application will not be accepted if the name provided above is not an individual listed on your institution's Official Authorization List (OAL). To complete an OAL for your institution or to add authorized individuals to your institution's OAL, visit [Account Services](#).

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