

FedACH[®] Participation Agreement

Part 2: Origination Options

Table S.2 – Service Provider Designation

*Required Fields

Section 1: Service Description and Form Instructions

Participating Institution, an Originating Depository Financial Institution, designates the entity named below as its Service Provider and hereby authorizes:

- The Service Provider to serve as Participating Institution's Sending Point by sending Participating Institution's ACH Items to the Reserve Bank through an electronic connection that Service Provider owns;
- The Service Provider to designate another entity as Participating Institution's Sending Point;
- The Service Provider and any Sending Point designated by the Service Provider to perform all the actions that a Sending Point agent may perform on behalf of a sending bank under Operating Circular 4; and
- The Reserve Bank to act on the instructions of Service Provider with respect to the handling of ACH items sent to the Reserve Bank by a Sending Point designated by the Service Provider. Such instructions may include, but are not limited to, instructions regarding who should be contacted regarding file transmission issues.
- Participating Institution agrees to be bound by the acts and omissions of Service Provider, including the consequences of Service Provider's instructions regarding the handling of Participating Institution's ACH items.

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 the Support 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>	
Action*	<input type="checkbox"/> Add <i>(Participating Institution and Service Provider must sign authorization boxes below.)</i> <input type="checkbox"/> Delete <i>(Participating Institution ONLY must complete Authorized Approval section below.)</i>
Sending Point Name*	
Sending Point Nine Digit RTN/ETI*	
Additional Option <i>(For Sending Points Only)</i>	<input type="checkbox"/> Service Provider elects to send files that identify this Participating Institution in the file header record.

Section 4: Authorized Approval**Participating Institution Authorized Approval**

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 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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Last updated: May 2025
Version 5.2