



FedACH[®] Participation Agreement

Part 3A: Receipt Options

Table R.3 – Service Provider Designation for Participating Institutions

*Required Fields

Section 1: Service Description and Form Instructions

Participating Institution designates the entity named in Section 4: *Service Provider Authorized Approval* as its Service Provider and hereby authorizes:

- the Service Provider to serve as Participating Institution's Receiving Point by receiving Participating Institution's ACH Items from the Reserve Bank through an electronic connection that Service Provider owns;
- the Service Provider to designate another entity as Participating Institution's Receiving Point;
- the Service Provider and any Receiving Point designated by the Service Provider to perform all the actions that a Receiving Point agent may perform on behalf of a receiving bank under Operating Circular 4, including, but not limited to, requesting remakes; and
- the Reserve Bank to act on the instructions of Service Provider and any Receiving Point designated by the Service Provider with respect to the handling of ACH items that the Reserve Bank sends to the Participating Institution.

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 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* <i>Select ONE option.</i>	<input type="checkbox"/> Receive ACH government items only <input type="checkbox"/> Receive ACH government and commercial items

3.1 Optional Selections for Service Provider¹

<input type="checkbox"/>	Service Provider elects to receive files that identify this Participating Institution in the file header record.	
<input type="checkbox"/>	Service Provider elects to receive files for this Participating Institution sorted according to the Sort Group designated below.	
File Sort Groups <i>Select ONE group.</i>	Standard Sort Groups <input type="checkbox"/> 301 – file types AJ01 <input type="checkbox"/> 303 – file types AJ09, AJ10 <input type="checkbox"/> 308 – file types AJ14, AJ15 <input type="checkbox"/> 309 – file types AJ07, AJ08, AJ15	IAT Sort Groups** (a separate charge applies) <input type="checkbox"/> 304 – file types AJ06, AJ11 <input type="checkbox"/> 306 – file types AJ06, AJ10, AJ13, AJ14 <input type="checkbox"/> 307 – file types AJ06, AJ07, AJ08, AJ10, AJ13 <input type="checkbox"/> 310 – file types AJ06, AJ14, AJ16 <i>** IAT Sort Groups deliver IATs in the AJ06 file, which also includes TRC, TRX, and XCK items.</i>
<input type="checkbox"/>	Service Provider elects to receive this Participating Institution's files over a different channel than the default channel that it designated in Table R.1. Please indicate the appropriate channel below.	
Electronic Delivery Channel <i>Select ONE option.</i>	<input type="checkbox"/> FedLine Advantage [®] <input type="checkbox"/> FedLine Command [®] <input type="checkbox"/> FedLine Direct [®]	

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>			

¹ Options are only for Service Providers that are Receiving Points.

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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