

# Subzone Designation Change Request Form

## Required Fields\*

### Section 1: Service Description and Form Instructions

This form can be used to change the zone or sub zone designation of an endpoint.

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

Send completed forms to the Support Center at:

[ccc.bankservices@kc.frb.org](mailto:ccc.bankservices@kc.frb.org)

### Section 2: Customer Information

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

### Section 3: Customer Service Requests

<b>Requested Effective Date*</b>	
<b>Servicing FRB Office*</b> Forms with the "Servicing FRB office" field left blank cannot be processed and will be returned to the customer.	

#### 3.1 Zone/Subzone Designation Change

FedCash Services customers may request an override of default zone/subzone designations for endpoints near the boundaries of these areas by completing the table below:

<b>From*</b> Current zone/subzone	<b>To*</b> Proposed Zone/Subzone	<b>Routing (ABA) Number*</b> ABA Number should be 9 digits	<b>Branch Number*</b> Branch number should be 4 digits	<b>Reason Codes*</b> Please select from below
<b>Additional Information</b> Please provide a brief description if you selected reason C, "Other" above:				

#### Reason Codes:

- A. Endpoint is within a one-hour drive of the proposed zone or subzone.
- B. Endpoint is serviced by an armored carrier based in the proposed zone/subzone or is on an armored carrier run between the zone and subzone.
- C. Other

### Section 4: Authorized Approval

From Official Authorization List

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

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](#).

<p><b>Federal Reserve Use Only</b></p> <p>Date Notified: _____</p> <p>FRB Contact: _____</p> <p>DFI Contact: _____</p>
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