

# UCAP Designation Change Request Form

**Required Fields\*****Section 1: Service Description and Form Instructions**

Uniform Cash Access Policy (UCAP) provides a common, basic level of free service for all depository institutions. Please visit [FRBservices.org](http://FRBservices.org) or contact your local FedCash® representative for more information.

For assistance completing this form, please contact 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**

<b>Institution Name*</b>			
<b>Identification Number (ABA/RTN) *</b>	<i>9-Digit ABA Number</i>		
<b>Requesting Contact Name*</b>	<i>First</i>	<i>MI</i>	<i>Last</i>
<b>Requesting Contact Title*</b>			
<b>Requesting Contact Phone Number*</b>	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
<b>Requesting Contact Email Address*</b>			
<b>Street Address*</b>			
<b>City*</b>			
<b>State*</b>			
<b>Zip Code*</b>			



### Section 4: Authorized Approval

From Official Authorization List

<b>Authorized Signer Name*</b>	<i>First</i>	<i>MI</i>	<i>Last</i>
<b>Authorized Signer 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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Last updated: 02/2024