

FINANCIAL INSTITUTION DATA MATCH SET-UP SHEET

This information will be used to send out the State of _____ Data Match file:

Institution Name

FEIN Number

Institution Physical Address (No P.O. Boxes)

Institution City / State / Zip Code

Institution Contact Name

Institution Contact Phone Number

Institution Email Address

Method Used:

- Method One – All Accounts Method
- Method Two – Matched Accounts Method

Media Type Options

- SFTP Transmission
- FTPs Transmission
- Secure Internet Website
- Encrypted CD Rom

Week of Process (select 1 – 10)

Date of Change

- Effective Immediately

**IF USING A SERVICE PROVIDER
or TRANSMITTER:**

Processor Company Name

Processor FEIN Number

Processor Physical Address (No P.O. Boxes)

Processor City / State / Zip Code

Processor Contact Name

Processor Contact Phone Number

Processor Email Address

**IF NOT USING A SERVICE PROVIDER
PLEASE PROVIDE SOFTWARE VENDOR**

Software Vendor Company Name

Software Vendor Contact Phone Number

Software Vendor Email Address

Date Change Completed by Informatix

PLEASE COMPLETE AND RETURN TO INFORMATIX, INC:

Email : ALLIANCE@informatixinc.com

Fax : 517-318-4696