FINANCIAL INSITITUTION VARIABLE SELECTION ATTACHMENT

Instructions for Amending: *If any changes are made within a section, please complete the entire section. Draw a line or "X" over any sections not updated. Complete all necessary signatures and return to the point of contact designated by Department of Child Support Services in the Memorandum Agreement.*

SECTION 1 – YOUR ORGANIZATION

Financial Institution Name: _____

FEIN: _____

Federal Identification Number (TIN): _____
(Use processing agent TIN if applicable. If not, enter the Financial Institution TIN)

Street Address: _____

City: _____ State:_____ Zip Code: _____

Mailing Address: _____

City: _____ State:_____ Zip Code: _____

Primary Contact: _____ E-Mail: _____

Phone: _____ Fax: _____

Secondary Contact:_____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2 – TRANSMITTER INFORMATION

If you plan to use a transmitter to exchange data, please provide the following transmitter information:

Transmitter Name: _____ FEIN: _____

ATTN (Optional): _____

Address: _____

City: _____ State:_____ Zip Code: _____

Contact: _____ Phone: _____

E-Mail: _____ Fax: _____

SECTION 3 – MATCHING METHOD

The Financial Institution shall use the match method designated below:

☐   Method 1 – All Accounts

The Financial Institution shall submit to the Department on a quarterly basis, and within fourteen days of the end of the week designated in Section 5 of this Attachment, a file identifying all open accounts. For each open account maintained at the Financial Institution, the Financial Institution shall provide the Department with the name and social security number, or other tax identification number, of each person having an ownership interest in the account, together with a description of each person's interest. The information required under this section shall be provided as specified by rule or agreement. All data files will be provided to the Department in accordance with the media set forth in ARTICLE III of this agreement.

☐   Method 2 – Matched Accounts

The Financial Institution shall match an inquiry file supplied by the Department against all open accounts maintained by the Financial Institution. The Financial Institution must report all information required by the Department on any and all open accounts at the Financial Institution maintained by persons on the Department's inquiry file. The Financial Institution must submit the report to the Department within 45 days of receipt of the inquiry file. The inquiry file will be sent to the Financial Institution on an agreed upon date, and not more than quarterly thereafter. The Department shall send its inquiry file in the format designated in Section 4 of this Attachment. The inquiry file shall be returned to the Department along with the Financial Institution's report of all matched accounts.

SECTION 4 – FILE TRANSMISSION FORMAT

The Financial Institution shall transmit and receive quarterly data match files using the following media:

The Financial Institution shall receive files from the Department or its agent on:

_____ Compact Disk (CD) _____ Diskette _____ FTP _____ Internet

_____ Other (specify) _____

The Financial Institution shall send files to the Department or its agent on:

_____ Compact Disk (CD) _____ Diskette _____ FTP _____ Internet

_____ Other (specify) _____

SECTION 5 – PARTICIPATION SCHEDULE

The Inquiry File will be made available on the secure website or the secure FTP server on the 15th of the first month of the quarter and will be removed from the servers on the 30th (or last business day) of the second month of the quarter. If an issue occurs and you need to access the Inquiry file after the 30th (or last business day) of the 2nd month of the quarter, special arrangement can be made by emailing the Data Match Services Deputy Project Manager (fidmdpm@informatixinc.com). Please include your institution's Name, FEIN, User ID, and contact person's contact information in the email.

Executed For:

_____   _____
Financial Institution Name   Federal Identification Number (FEIN)

Authorized Representative:

_____
Print Name and Title

_____   _____
Signature   Date

42 USC Section 666 (a) (17) (C) establishes that a financial institution shall not be liable under any federal or state law to any person for any disclosure information to Informatix, Inc. (acting on behalf of the California Department of Child Support Services, the state's IV-D agency) for providing the required information covered in 42 USC Section 666 (a) (17) (I). In addition, a financial institution will not be held liable for any other action taken in good faith to comply with the requirements of 42 USC Section (a) (17) (C). California Family Code Sections 17453 (b) and 17212 of the California prohibits the unauthorized disclosure or use of confidential child support information.