

FINANCIAL INSTITUTION DATA MATCH

ELECTION FORM

INSTRUCTIONS: IF ANY CHANGES ARE MADE WITHIN A SECTION, PLEASE COMPLETE THE ENTIRE SECTION. PLEASE DRAW A LINE OR "X" OVER ANY SECTION NOT UPDATED. PLEASE COMPLETE ALL NECESSARY SIGNATURES.

Please indicate the media for receiving inquiry files and sending matched files.

The Financial Institution will **receive** child support obligor files from the Department's Contractor
 on:

_____	Cartridge 3480,3490 4mm DAT 8mm DAT SLR2, SLR6	_____	CD	_____	Diskette	_____	Tape Reel to Reel
						_____	Internet

The Financial Institution will **send** matched account files to the Department's agent on:

_____	Cartridge 3480,3490 4mm DAT 8mm DAT SLR2, SLR6	_____	CD	_____	Diskette	_____	Tape Reel to Reel
						_____	Internet

 Please indicate which week of the calendar quarter the Financial Institution will transmit data or perform the data match. Calendar quarters begin January 1, April 1, July 1 and October 1 of each year. For example, indicating week three will indicate that the Financial Institution will perform the data match or data transmission on the weeks beginning January 15, April 15, July 15 and October 15.

Week: _____

 If the Financial Institution uses a third party to perform the data match, the following contact person shall be sent all notices, documents, tapes or other forms of communication from the Department's Contractor. The contact person shall be available to answer questions or address problems related to the match on the Financial Institution's behalf:

Company Name: _____

Contact person/Title: _____

Street Address: _____

Mailing Address (if different) _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____ Fax: _____

If the Financial Institution is not using a third party to perform the data match, the following contact person shall be sent all notices, documents, tapes or other forms of communication from the Department's Contractor. The contact person shall be available to answer questions or address problems related to the match on the Institution's behalf:

FINANCIAL INSTITUTION _____

Federal Identification Number: _____

Contact person/ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____ Fax: _____

Service of any notices, including Writ of Garnishment, or other judicial or administrative notices resulting from any match of information provided by the Financial Institution pursuant to the terms of this agreement, or upon any other request, shall be made upon the Financial Institution by certified mail at the above address unless the following address information indicates differently:

FINANCIAL INSTITUTION: _____

Federal Identification Number: _____

Contact person/ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____ Fax: _____

Printed Name and Title

Signature Date