

NEW YORK STATE OFFICE OF
TEMPORARY & DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

Financial Institution Data Match
Memorandum of Agreement

Attachment A

The Financial Institution must designate a contact person to perform the data match on its behalf by completing the information below:

Financial Institution: _____

Agent (if any): _____

Federal Identification Number: _____

Contact Person: _____

Title: _____

Street Address: _____

E-Mail: _____ Fax: _____

Telephone: _____

Service of all legal notices resulting from this Agreement shall be served on the following person:

Person: _____

Title: _____

Financial Institution: _____

Street Address: _____

Mailing Address: _____

E-Mail: _____ Fax: _____

Telephone: _____

Financial Institution Agreement

The Financial Institution must designate a contact person for resolution of lien/levy processing:

Person: _____

Title: _____

Financial Institution: _____

Street Address: _____

Mailing Address: _____

E-Mail: _____ Fax: _____

Telephone: _____

Transmitter information is as follows (to be completed by the Financial Institution):

IF USING A SERVICE PROVIDER:

Processor Company Name and FEIN Number

Processor Contact Phone Number

Contact Name to Receive File

Processor Street Address (No. P.O. Boxes)

Processor City/State/Zip

Processor Email Address

IF NOT USING A SERVICE PROVIDER PLEASE PROVIDE SOFTWARE VENDOR'S:

Vendor Company Name

Vendor Contact Phone Number

Vendor Email Address