

STATE OF NORTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT DIVISION

FINANCIAL INSTITUTION DATA MATCH
MEMORANDUM OF AGREEMENT

Attachment A
Revised: February 11, 2014

INSTRUCTIONS: Please complete all sections and have a Financial Institution officer sign and date.

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

Agent (if any): _____

Federal Identification Number: _____

Contact Person: _____

Title: _____

Physical Address: _____

Mailing Address: _____

Email: _____

Telephone: _____ Fax: _____

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

Person: _____

Title: _____

Financial Institution: _____

Physical Address: _____

Mailing Address: _____

Email: _____

Telephone: _____ Fax: _____

Please select the method your Financial Institution will use:

METHOD #1: ALL ACCOUNTS

The Financial Institution shall submit to the State or its designated agent, on a quarterly basis and within fourteen days of the end of the week designated on this Attachment to transmit data, a complete new file identifying all customer accounts. During each quarter, and before the end of the week designated on this Attachment to transmit data, the Financial Institution shall allow sufficient time to prepare, extract, and compile all data such that it is able to submit the file to the State or its designated agent within the time required. The State or its agent will then perform the data match.

METHOD #2: MATCHED ACCOUNTS

The Financial Institution shall match an inquiry file supplied by the State against all customer accounts maintained by the Financial Institution. The Financial Institution must report all information required by the State on all customer accounts at the Financial Institution maintained by persons on the State's inquiry file. The Financial Institution must submit the report to the State within 45 days of its 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 State shall send its inquiry file on the designated medium. The inquiry file shall be destroyed or erased, or returned to the State along with the Financial Institution's report of all match accounts.

Please indicate the media for receiving and sending inquiry files for the State and for submitting accounts:

1. The Financial Institution will receive inquiry file from the State or its agent on:

Internet FTPs CD
 Other (specify) _____ Please note: The State's agent will contact your
 Financial Institution to discuss this 'Other' method.

2. The Financial Institution will send accounts to the State or its agent on:

Internet FTPs CD
 Other (specify) _____ Please note: The State's agent will contact your
 Financial Institution to discuss this 'Other' method.

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, selecting week 3 will indicate that the Financial Institution will perform the data match or data transmission during the weeks of January 15, April 15, July 15, and October 15.

Week: _____

EXECUTED FOR:

 Financial Institution Federal Identification Number

 Print Name and Title

 Signature Date

ACCEPTED FOR THE STATE BY:

 Print Name and Title

 Signature Date