

# FINANCIAL INSTITUTION DATA MATCH SET-UP SHEET

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

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution Contact Phone Number

\_\_\_\_\_  
Fed EIN Number

\_\_\_\_\_  
Method Used:

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

\_\_\_\_\_  
Institution Street Address (No P.O. Boxes)

\_\_\_\_\_  
Media Type Options for Method Two Only  
(media type to receive the data file from state)

- FTP Transmission
- Secure Internet Website
- Encrypted CD Rom

\_\_\_\_\_  
Institution City/State/ZIP

\_\_\_\_\_  
Institution Contact Name

\_\_\_\_\_  
Week of Process (select 1 – 6)

\_\_\_\_\_  
Institution Email Address

**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:**

\_\_\_\_\_  
Vendor Company Name

\_\_\_\_\_  
Vendor Contact Phone Number

\_\_\_\_\_  
Vendor Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN TO INFORMATIX, INC:**

Email : [IDECall@informatixinc.com](mailto:IDECall@informatixinc.com)

Fax : 517-318-4696