Child Support Program

Financial Institution Data Match Election Form

Financial Institution Name:

FEIN:

State Purchase Order Number:
(Assigned by the Child Support Program)

Complete this form to tell us the data exchange method you will use to submit electronic financial information to us for matching quarterly (As authorized by sections 409.25657 and 409.25656, Florida Statutes).

As used in this form "we" or "the Program" refers to the Florida Department of Revenue, Child Support Program and "you" or "your" refers to the Financial Institution completing this form.

Select one of the following methods for exchanging data with us:

Method 1 - All Accounts Method ☐

We will provide an electronic file identifying all our open accounts as detailed in Method 1 of the [National] *Financial Data Match Specifications Handbook* (available through the Child Support Program (the 'Program') or through the Internet at: https://www.acf.hhs.gov/sites/default/files/programs/css/msfidm_specifications_handbook.pdf. We will submit an electronic file to the Program within ten (10) business days after our quarterly data run week. This data file will identify all open accounts as of the most current date prior to submitting the quarterly file.

Method 2 - Matched Accounts Method ☐

We will match an electronic inquiry file supplied by the Program against all open accounts we maintain. We will report, in an electronic file, all information (detailed in Method 2 of the *Financial Data Match Specifications Handbook)* on all our open accounts matching people listed in the Program's inquiry file. We will return a match file to the Program within fifteen (15) business days after receiving or downloading the Program's inquiry file.

Data Exchange Choice (select one):

☐ We will perform our data exchange through a data processing company indicated below.

☐ We will upload/download by file transfer protocol (FTP) through the Program's secure web site.

The Program and the financial institution completing this form agree that information in our respective records and obtained from each other will be kept confidential and will be used solely for the purposes specified in sections 409.25657 and 409.25656, Florida Statutes.

Notice and Contacts:

Send all notices, paperwork, and other communications regarding Financial Institution Data Match (FIDM) to the address listed on the state purchase order, provided by the Program.

Quarterly billings should be mailed to:

<div align="center">

Florida Department of Revenue
Child Support Program
Attention: FIDM Unit
P.O. Box 5556
Tallahassee, FL 32314-5556

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Complete the information requested below:

Data Processing Company (if used):
Contact Name:
Address:
Phone #:
E-mail:
FAX:

Financial Institution Data Exchange Contact Name:
Address:
Phone #:
E-mail:
FAX:

Financial Institution Levy Contact Name:
Address:
Phone #:
E-mail:
FAX:

Financial Institution **Billing** Contact Name:
Address:
Phone #:
E-mail:
FAX:

Payment Terms

A. We will reimburse you for the data match according to state law if you choose to bill us quarterly, in accordance with an amount specified on the annual state purchase order. The total cost reimbursement for services shall not exceed $50 per quarter/$200 annually for Match Method 1 or $250 per quarter/$1,000 annually for Match Method 2.

B. You understand and agree that the cost structure stated in the annual state purchase order is guaranteed and that such costs shall not exceed your actual costs incurred for conducting the data match.

C. Submit an itemized invoice on your letterhead for that quarter within thirty (30) days after submission of the data to:

Florida Department of Revenue
Child Support Program
Attention: FIDM Unit
P.O. Box 5556
Tallahassee, FL 32314-5556

Your invoice must contain:

▪ Your institution's name and payment mailing address
▪ The requested reimbursement amount in accordance with paragraph A above
▪ The month and year in which you or your data processor provided a data file
▪ The annual state purchase order number provided by the Program
▪ A contact name and phone number

Upon request, you will document data matching costs you incur and submit them to us along with an itemized statement of data matching services rendered.

Match Schedule

If you use a data processing company, we will contact them to establish a quarterly match week schedule.

If you process data internally, please enter a preferred data match week for each quarter (e.g., July 13-19, 2019, October 15-21, 2019):