

## FINANCIAL INSTITUTION DATA MATCH SET-UP SHEET

This financial institution operates in more than one state: ☐ Yes ☐ No

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

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

\_\_\_\_\_  
FEIN Number

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

\_\_\_\_\_  
Institution City / State / Zip Code

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

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

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

IF USING A SERVICE PROVIDER  
or TRANSMITTER:

\_\_\_\_\_  
Processor Company Name

\_\_\_\_\_  
Processor FEIN Number

\_\_\_\_\_  
Processor Physical Address (No P.O. Boxes)

\_\_\_\_\_  
Processor City / State / Zip Code

\_\_\_\_\_  
Processor Contact Name

\_\_\_\_\_  
Processor Contact Phone Number

\_\_\_\_\_  
Processor Email Address

Method Used:

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

Media Type Options

- ☐ SFTP Transmission  
☐ FTPs Transmission  
☐ Secure Internet Website  
☐ Encrypted CD Rom

\_\_\_\_\_  
Week of Process (select 1 – 10)

\_\_\_\_\_  
Date of Change

- ☐ Effective Immediately

IF NOT USING A SERVICE PROVIDER  
PLEASE PROVIDE SOFTWARE VENDOR

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

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

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

\_\_\_\_\_  
Date Change Completed by Informatix

FAX: (517) 318-4696

Email: IDECall@Informatixinc.com

PLEASE COMPLETE AND RETURN TO:  
DIVISION OF CHILD SUPPORT SERVICES  
BY EMAIL TO  
DCSS-CONTRACTS-GRANTS@DHS.GA.GOV

