

# FINANCIAL INSTITUTION DATA MATCH SET-UP SHEET

This information will be used to send out the State of \_\_\_\_\_ 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

**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 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

**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

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

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

**Fax : 517-318-4696**