FINANCIAL INSTITUTION DATA MATCH SET UP FORM

Institution Name		Federal Employer Identification Number(Required)	
Contact Name to receive file		Media Type: () 3480 Cartridge () 3490 Cartridge	
Contact Phone Number		 () 3590 Cartridge () 9 track Round Reel () 3½" High Density Diskette 	
Processor Name, if applicable		() CD-ROM () FTP Transmission	
Address			
Address(Continued)	City/State/Zip		
		Phone	Number
Special Instructions and Notes:			

FIDM Schedule:

Vendor should send first inquiry file to financial institutions or their service providers.

If you have questions regarding this process, please contact:

Linda Alhenius at (214) 956-6302.

Please return completed form to:

ACS State & Local Solutions 2800 West Mockingbird Lane Dallas, Texas 75235 Phone (214) 956-6375 FAX (214) 956-6328