

**STATE OF MONTANA
CHILD SUPPORT ENFORCEMENT DIVISION (CSED)**

**FINANCIAL INSTITUTION DATA MATCH
MEMORANDUM OF AGREEMENT**

Election Form, Attachment A

Use this form to select the technical terms of the data match. Please complete the form, obtain the appropriate signature and return it to the CSED.

To modify these terms, submit a new Election Form. Forms are available from the toll free hotline at 1-877-965-3436, the FIDM website at <http://fidm.statedatamatch.com> or the CSED.

1. DATA MATCH CONTACT INFORMATION

Financial Institution: _____

Please provide contact information for the person, department or service agent who will perform the data match for your financial institution.

If checked, the agent named below will conduct the data match on our behalf.

Service Agent: _____ FEIN : _____

Contact Name/Title: _____

Physical Address: _____

Mailing Address: _____

City, State and Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

2. DATA MATCH METHOD

Select the data match method your Financial Institution will use:

METHOD 1: ALL ACCOUNTS

We, the Financial Institution, will submit to the State's designated agent on a quarterly basis and within fourteen days of the end of the week designated on this form, a file identifying all customer accounts. We will allow sufficient time to prepare, extract, and compile all data so that we are able to submit the file to the State's designated agent within the time required.

METHOD 2: MATCHED ACCOUNTS

We, the Financial Institution, will match an inquiry file supplied by the State against all customer accounts maintained by our institution. We will report all information required by the State on all customer accounts maintained at our financial institution by persons on the State's inquiry file.

We will submit the report to the State within **30 days** of receipt of the inquiry file. The inquiry file will be sent to us quarterly on the agreed upon date. The State will send its inquiry file on the designated medium. The inquiry file will be destroyed or erased, or returned to the State along with our report of all matched accounts.

3. MEDIA FOR DATA EXCHANGE

We will receive files from the State or its agent on:

- Cartridge Tape Diskette EDI
 Connect Direct Internet Other. Specify: _____

We will send records to the State's agent on:

- Cartridge Tape Diskette EDI
 Connect Direct Internet Other. Specify: _____

4. MONTH, WEEK OF DATA MATCH

Select the month and week of the calendar quarter you will transmit data or perform the data match. Calendar quarters begin January 1, April 1, July 1, and October 1 of each year. Selecting month one and week three means you will perform the data match or data transmission the third week of January, April, July, and October.

Month: _____ Week: _____

5. ADDRESS FOR SERVICE OF LIEN AND LEVY DOCUMENTS

Send lien and levy documents to the following person or department:

Name and Title: _____
Financial Institution: _____
Mailing Address: _____
City, State and Zip: _____
Phone Number: _____ Fax: _____
Email Address: _____

EXECUTED FOR:

_____ Financial Institution	_____ FEIN
_____ Print Name	_____ Print Title
_____ Signature	_____ Date