

**New York - FINANCIAL INSTITUTION DATA MATCH  
SET-UP SHEET – Change Notification  
Covers NY Child Support, Public Assistance, and Tax Match  
(Must be completed for all changes and contacts verified annually)**

This information will be used to match with the State of New York for their Data Match programs:

- Institution Name: \_\_\_\_\_
- FEIN : \_\_\_\_\_
- FI Street Address (include City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_
- FI Mailing Address (if different than above): \_\_\_\_\_  
\_\_\_\_\_

Method Used

- Method 1 – All Accounts
- Method 2 – Matched Accounts

Media Type

- SFTP Transmission
- FTPs Transmission
- Secure Internet Website

Match Week (1-10) \_\_\_\_\_

Effective Date of Change:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Changes are effective immediately

If not using a Service Provider please provide software Vendor Information (Name, Phone Number and Email Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION

Financial Institution **Main Contact** Name and Title: \_\_\_\_\_

Financial Institution Main Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Institution **Technical Contact** Name and Title: \_\_\_\_\_

Financial Institution Lien/Levy Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Institution **Legal Contact** Name and Title: \_\_\_\_\_

Financial Institution Technical Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**If using a service provider:**

Service Provider Name: \_\_\_\_\_

Provider FEIN : \_\_\_\_\_

Provider Street Address (include City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

Provider Contact Name to Receive the File: \_\_\_\_\_

Provider Contact Phone: \_\_\_\_\_

Informatix Use Only

- CS    O
- PARP   O
- TAX    O

Date Completed:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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