

**Minnesota Department of Human Services
Child Support Division
FINANCIAL INSTITUTION DATA MATCH AGREEMENT**

Institution:

Payment address:

City, State, Zip:

Contact person:

Phone number:

Fax number:

Federal Tax I.D. No.:

Minn. Tax I.D. No.:

(insert FI name) _____ agrees to cooperate on a quarterly basis with the Financial Institution Data Match (FIDM) Program as provided by federal law and Minn. Stat. §13B.06.

The Financial Institution may be reimbursed for its actual costs of complying with this section. The maximum allowable quarterly reimbursement shall be based upon the lesser of the verified actual cost, or \$150.00. Expenditure reports must be submitted with a FIDM invoice within fifteen days of the end of each calendar quarter.

Payment of the reimbursement is limited by the amount appropriated by the Minnesota State Legislature for this purpose. If the appropriation is insufficient, or if fund availability in the fourth quarter would allow payments for actual costs in excess of \$150.00, the Commissioner of Human Services shall prorate the available funds among the Financial Institutions that have submitted a claim for reimbursement.

In the event the Minnesota State Legislature has not made funds available, or, if those funds have been expended in a prior quarter, the Financial Institution will be notified. This document will become public record upon execution.

Method of Reporting

Method 1 (All Accounts) _____ Selected week _____

Method 2 (Matched Accounts) _____ Select first ½ of the quarter _____ or second ½ of the quarter _____

Authorized Signature, Financial Institution

Title:

Date:

Michele Schreifels

Division Director

Date:

Return completed agreement form to:

Minnesota FIDM Program

P.O. Box 64915

St. Paul, MN 55164-0915