



Minnesota Financial Institution Data Match Change Form

Financial Institution Name: _____ FEIN/TIN: _____

Change of Media:

We will receive files from the FIDM Program on:

3480 cartridge
 3490 cartridge
 1.44MB 3.5" diskettes (ASCII)
 9-Track Round Reel
 CD ROM (ASCII)
 High Density Diskette (ASCII)
 Other

We will send files to the FIDM program on:

3480 cartridge
 3490 cartridge
 1.44MB 3.5" diskettes (ASCII)
 9-Track Round Reel
 CD ROM (ASCII)
 High Density Diskette (ASCII)
 Other

Change of Reporting Method:

Method One Method Two

Change of Institution Contact Information:

Contact Person: _____

Title: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Change of Service Provider Contact Information:

Service Provider: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Send this change form, or any other written communication to:

Minnesota Financial Institution Data Match Program
PO Box 64915
Saint Paul MN 55164-0915

Signature

Title

Date

The Minnesota Financial Institution Data Match program is a joint endeavor of the Minnesota Departments of Human Services (DHS) and Revenue (DOR). It is operated on behalf of both agencies by MAXIMUS, Inc.
