



Secure File Transfer Questionnaire

SFT.IMPLEMENTATIONS@FISGLOBAL.COM

MODIFIED: 1/31/11

Please complete the below *Secure File Transfer Questionnaire Form* by typing or selecting the appropriate fields, Save a copy and then click the Submit button below to email to SFT Implementations. Please note the minimum time for request is **30 days**.

TIP: Hover over ? to view protocol information.

GENERAL INSTITUTION INFORMATION

Select One:	Request Date:
Institution Name:	Corp ID:
Primary Contact for Daily Transmissions:	Prefix Plan(s):
Contact Name:	1. 4.
Phone: Ext:	2. 5.
Email Address:	3. 6.
Completed By:	Confirmation Email address:

DATA PROCESSOR INFORMATION

DP NAME:	DP TYPE:
DP Contact Name:	REQUESTED TEST DATE:
DP Phone:	REQUESTED PRODUCTION DATE:
DP Email:	(Allow 30 day min for production date)

COMMUNICATION INFORMATION

PROTOCOL:	HTTPS (WEB)	FTPS	SFTP	FTP (Frame/VPN)
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FILE INFORMATION

TBS PLATFORM	*CDS (3rd party):				
	Format 110	Format 140	Format 170		
	Format 120	Format 150	Format 180		
	Format 130	Format 160	Format 200		
	*Other				
	PIH (Posting file)	421R (Marketing file)	Maintenance		
Pass Thru Platform	*CTF (Center Transaction File)				
	Nacha 1 (NA1)	Nacha 2.0 (NA2)	Nacha 3.0 (NA3)		
	Standard 2.0 (STD)	Standard 3.0 (ST3)	E-Reports		
	*PBF(Positive Balance File)				
	Option 1	Option 2	Option 1 Maintenance		
	*Other				
	Issue Opt 1	CRIS	Enhancements Plus		
	Name Match	LetterCheck	E-Reports		
	Base 2000/B2K RS # _____ (FIS use)	*CDS (3rd party):			
		Format 130	Format 200	Format 300	
*Other					
Posted Items History		Universal Data File	Maintenance (Non-Monetary)		
Statements		New Accounts	Monetary		
E-Reports		OSAB File	OSAB DE		

Additional Details of the Project:

By checking this box, I authorize billing for transmissions according to our contract pricing schedule effective as of the implementation date.

Authorized Name

Date