



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:	<i>(Allow 30 day min for production date)</i>

COMMUNICATION INFORMATION

PROTOCOL:	<input type="checkbox"/> HTTPS (WEB)	<input type="checkbox"/> FTPS	<input type="checkbox"/> SFTP	<input type="checkbox"/> FTP (Frame/VPN)
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FILE INFORMATION

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