

**DEPARTMENT OF HUMAN SERVICES
AND
DEPARTMENT OF CHILDREN AND FAMILIES
CONSOLIDATED COLLECTION AND DISBURSEMENT SERVICES RFP**

Required Data Elements and File Formats

**ACH Reporting Elements
(From Bank to State)**

| Required Data Elements |
|--|
| Bank Account Number |
| Transaction Date |
| Settlement Date |
| Transaction Type (Credit or Debit) |
| Six-Digit Client Identification Number |
| Transaction Amount |
| Claim Number (SSN) |
| Benefit Type (i.e. SSA, SSI, RR, VA) |

**Deposit Reporting Elements
(From Bank to State)**

| Required Data Elements |
|------------------------------------|
| Bank Account Number |
| Agency's Two-Digit Location Number |
| Deposit Date |
| Deposit Amount |

**Check Issue Reporting Elements
(From State to Bank)**

| Required Data Elements |
|------------------------|
| Bank Account Number |
| Issue Date |
| Check Number |
| Check Amount |
| Item Status |
| Payee Name |
| Payee Address - Line 1 |
| Payee Address - Line2 |
| Payee Address - Line3 |
| Payee Address - Line 4 |
| Payee Address - Line 5 |

**Check Paid Reporting Elements
(From Bank to State)**

| Required Data Elements |
|------------------------|
| Bank Account Number |
| Check Number |
| Check Paid Date |
| Check Amount |
| Check Issue Date |

File Formats, Check Issue & Checks Paid

Check Issue File Format

| Field Name | Length | Position | Description |
|------------------------|--------|----------|---|
| Bank Number | 4 | 1 - 4 | Bank ID # |
| Application | 2 | 5 - 6 | 02 = Checking Account |
| Account Number | 16 | 7 - 22 | Right Justify Zero Fill |
| Item Type | 2 | 23 - 24 | 60 - Check |
| Check Serial Number | 10 | 25 - 34 | Right Justify Zero Fill |
| Issue Amount | 11 | 35 - 45 | Right Justify Zero Fill (No Decimal) |
| Description | 30 | 46 - 75 | Comments |
| Date | 7 | 76 - 82 | Must be Julian (YYYYDDD) |
| Item Status | 2 | 83 - 84 | 10- Issued, 11- Voided, 12- Cancelled, 14- Re-issue |
| Payee Name | 75 | 85-169 | Payee Name |
| Payee Address - Line 1 | 75 | 170-244 | Payee Address 1 |
| Payee Address - Line2 | 75 | 245-319 | Payee Address 2 |
| Payee Address - Line3 | 50 | 320-369 | Payee City |
| Payee Address - Line 4 | 2 | 370-371 | Payee State |
| Payee Address - Line 5 | 10 | 372-381 | Payee Zip |

Check Paid File Format

| Field Name | Length | Position | Description |
|---------------------------|--------|-----------|---|
| Bank Number | 4 | 1 - 4 | Bank ID # |
| Application | 2 | 5 - 6 | 02 = Checking Account |
| Account Number | 16 | 7 - 22 | Right Justify Zero Fill |
| Item Type | 2 | 23 - 24 | 60 - Check |
| Check Serial Number | 10 | 25 - 34 | Right Justify Zero Fill |
| Item Serial Sequence | 5 | 35 - 39 | Tie breaker for duplicate serial numbers, usually all zeros |
| Item Sequence Number | 15 | 40 - 54 | Transaction processing & posting item sequence number |
| Transaction Code | 2 | 55 - 56 | Will always be 93 or 95 indicating item is a check |
| Issue Amount | 11 | 57 - 67 | Right Justify Zero Fill (No Decimal) |
| Item Description | 30 | 68 - 97 | Comments |
| Paid Amount | 11 | 98 - 108 | Right Justify Zero Fill (No Decimal) |
| Number of times presented | 3 | 109 - 111 | Always zeros |