

Department of Health and Human Services  
Administration for Children and Families  
Office of Child Support Services

**Agreement to Receive Electronic Lien/Levy Notices  
(FAST Levy Financial Institution Profile Form)**

By completing the information in the Federally Assisted State Transmitted (FAST) Levy Financial Institution (FI) Profile Form, the FI agrees to the following conditions:

Electronically receive lien/levy notices issued by a state, tribe, or territory, hereafter referred to as "state."

Not impersonate any individual, entity, or association, use false headers, or otherwise conceal or submit misleading information about its identity while receiving electronic lien/levy notices.

Supply true, accurate, current, and complete information about the entity identified on this form.

Receive, handle, and process lien/levy notices electronically transmitted to it in the same way as if received via regular mail. Any electronic lien/levy notices it receives shall represent records generated during the ordinary course of business. The electronic lien/levy notice it receives shall be admissible as evidence in the same way as paper documents. The FI will process the FAST Levy file "as is," and is not responsible for any request sent in error or with incorrect data.

Report issues with edit check failures or bugs on the FAST Levy files to the federal Office of Child Support Services (OCSS) at [FASTLevy@acf.hhs.gov](mailto:FASTLevy@acf.hhs.gov).

If the FI is unable to accept electronic FAST Levy requests due to a catastrophic event, it will notify OCSS as soon as possible. The FI shall let OCSS know when it is able to accept and process electronic lien/levy notices again. The FI will not be liable for its inability to accept electronic FAST Levy requests due to such an event.

Send written notice to OCSS at least 60 days in advance of its intent to no longer accept electronic lien/levy notices.

Not process FAST Levy files on weekends or federally recognized holidays.

The financial institution shall have appropriate procedures in place to promptly report confirmed or suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSS to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the financial institution shall report confirmed or suspected incidents to OCSS as specified in this paragraph. The requirement for the financial institution to report confirmed or suspected incidents involving PII to OCSS is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Systems Security Modernization (FISMA) Act of 2014, and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSS using the security mailbox address:

[ocsssecurity@acf.hhs.gov](mailto:ocsssecurity@acf.hhs.gov)

☒ Accept

☐ Decline

OCSS agrees to the following conditions:

E-mail an acknowledgement to the FI at the address on this form within 24 hours of receiving the electronic FAST Levy response.

Report issues encountered with file transmissions to the FI at the phone number or e-mail address on this form.

Report issues with edit check failures or bugs on FAST Levy files to the e-mail address on this form. Key FI personnel should have access to this mailbox so they can respond to OCSS.

Notify the FI as soon as possible that a state will send paper requests in the event of a catastrophic event, via e-mail to the address on this form.

Notify the state when the FI is unable to receive FAST Levy requests, and when the FI is able to receive requests again.

**FAST Levy**

# FAST Levy MSFI Profile Form

## Instructions

When completing the profile form, fields followed by an asterisk are required. If data is entered incorrectly, a pop-up box may be displayed that includes instructions about how to enter the data. Please follow the instructions and do not ignore the pop-up box.

## General Information

Enter general information about the organization and participation in FAST Levy.

Start Date: \*

(Click on the field and an arrow appears to the right of the field. Use the arrow to show a calendar. Select a date from the calendar. When entering a date instead of using the calendar, use the format: MM/DD/YYYY. If the actual date is unknown, enter a projected date.)

FEIN: \*

(Primary Federal Employer Identification Number - enter as 9 numbers without a dash after the second number - this FEIN is the FEIN used on the batch for the files being transferred.)

Organization Type: \*

(Select if you are a financial institution or a transmitter.)

Organization Name: \*

Organization Short Name:

(Supply an abbreviation or acronym for the organization such as DFAS or KBR.)

## Address Information

Enter required address information.

Address Line 1: \*

Address Line 2:

Address Line 3:

City: \*

State: \*

Zip Code: \*

Zip Code Extension

(Enter 5 numbers for the zip code and an optional 4 number zip code extension.)

## Contact Information

Enter business and technical support contact information. Enter information for the primary and alternate, if applicable, business contact or technical contact.

### Business Contact Information

Enter business contact information.

Contact Name: \*

Contact Phone Number: \*

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax: \*

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail: \*

(Enter as: name@somewhere.com)

☐ Click if you want e-mail notifications sent to this e-mail address

### Technical Support Contact Information

Enter technical support contact information.

Contact Name: \*

Contact Phone Number: \*

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail: \*

(Enter as: name@somewhere.com)

☐ Click if you want e-mail notifications sent to this e-mail address

## Alternate Contact Information

Enter additional business or technical contact information. None of the fields are required.

### Alternate Business Contact Information

Enter business contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. for example, enter 1231231111.)

Contact E-mail:

(Enter as: name@somewhere.com)

☐ Click if you want e-mail notifications sent to this e-mail address

### Alternate Technical Support Contact Information

Enter technical support contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail:

(Enter as: name@somewhere.com)

☐ Click if you want e-mail notifications sent to this e-mail address

## File Information

All files transferred using the FAST Levy batch application must be in text format. Files can be named using the standard FAST Levy file naming convention or the organization's file naming convention.

Defaults have been chosen based on the selections being made by the majority of the organizations. Verify the defaults to make sure that the wrong selection is not made for your organization.

## General File Information

Enter information related to the file exchange.

E-mail Notification:

- ☐ Always
- ☒ When Errors
- ☐ Never

Click **Always** if you want to receive e-mails for notification of files received, acknowledgment of files sent, and errors.  
Click **When Errors** if you only want to receive e-mails when there are errors.

## Connection Information

Select how you would like to set up your secure connection.

- ☐ You will be using the FIDM connection that is currently in place for your financial institution.
- ☐ You want our network team to contact you about setting up a secure connection.

## File Process Information

Complete the file information in the file name convention box, including the file name convention to be used.

- A. First use the checkboxes in the second column (Standard/Organization Supplied File Name Convention) to select whether you want to use your file name convention or use the standard file name convention determined by the OCSE batch application.
- B. If you are using your file name convention, you must supply the file name convention in the third column (File Name Convention). For example, for the file containing withhold requests (Incoming State Files), you might enter: xxx.mybiz.requests.txt. This would be the name of the file that you expect to receive that contains your withhold requests. If you are using the file name conventions from the FAST Levy batch application an example file name is shown. Refer to the FAST Levy software interface specification for more details about file name conventions and formats.

File Name Convention:

File Type	Standard/Organization Supplied File Name Convention	File Name Convention
Lien/Levy Files *	<input type="checkbox"/> OCSS Standard	(Example: F999.FSTLVYO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	
Response Files *	<input type="checkbox"/> OCSS Standard	(Example: F999.FSTLVYCO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	
Response Error Files *	<input type="checkbox"/> OCSS Standard	(Example: F999.FSTLVYIO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for OCSS to implement the FAST Levy process and capture preferences for financial institutions. Public reporting estimated burden for this collection of information is 0.08 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), any confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact [OCSSFedSystems@acf.hhs.gov](mailto:OCSSFedSystems@acf.hhs.gov).