



Michigan State Disbursement Unit EFT/EDI Instructions

Electronic Funds Transfer

Secure. Prompt. Accurate. Efficient. MiSDU. Keeping it simple.

Employer Outreach Department
misduoutreach@michigan.gov

December2015



EFT PROCESS & PROCEDURE

Thank you for your interest in transmitting child support payments to the Michigan State Disbursement Unit (MiSDU) via EFT/EDI (Electronic Funds Transfer/Electronic Data Interchange).

MiSDU accepts electronic payments through the Automated Clearing House (ACH) banking network using the National Automated Clearing House Association's (NACHA) CCD+ and CTX format.

Implementing EFT/EDI

- 1) **Adapt** your payroll system to create the ACH file.
 - a. Software applications are available that accommodate the required CCD+ or CTX file format. Your existing payroll software may, at present, include a child support module. Or,
 - b. You may need to contact your financial institution to determine its available software.
- 2) **Submit** your employee's case information for reconciliation.
 - a. Send an encrypted Excel spreadsheet with company name, physical address, contact name and FEIN as a header.
 - b. Spreadsheet should include employee name, SSN, Case or Order Identifier.
 - c. Send to MiSDU Outreach email: misduoutreach@michigan.gov.
- 3) **Complete** and return the New Employer Certification Form attached.
- 4) Reconciliation and Quality check is completed by MiSDU staff.
 - a. Outreach completes reconciliation; MiSDU Quality Assurance provides second level review for accuracy.
 - b. Cleansed file is returned to employer for final review and corrections, if needed.
- 5) **Test** the process to simulate a live transmission.
 - a. Send a pre-note with "zero" dollars, or
 - b. Small files (containing less than 10 items) can be sent "live," and will allow you to test the validity of the transaction (entry detail) data. MiSDU will notify you of inaccurate transaction data, if necessary.

EFT/EDI Accepted Record Format

- 1) **File Header** – Originating Depository Financial Institution (ODFI – sender), and Receiving Depository Financial Institution (RDFI – receiver) – **Record 1**
 - The file header fields designate the physical file characteristics and identify the origin (sender) and destination (receiver) of the entries contained in the file.
- 2) **Company/Batch Header** – **Record 5**
 - The batch header identifies the originating entity (**Employer**), the **type of transaction** in the batch (CCD or CTX), the effective date, or desired settlement date (auto-entry determined by bank), for all entries in the batch. Note: If you have a payroll provider, **provider ID** must also be included in the Header.

Sample: **5200MYCOMPANY MYCOMPANYFEIN PROVIDERIDCCDACME - 151204151208**

- 3) **Entry Detail** – **Record 6**
 - Actual obligation amount transmitted. See Sample Record below.

4) Addenda – Record 7

- **Individual employee data entered by employer or payroll provider**
- Contains (in entry order)
 - i. DED - Segment Identifier
 - ii. CS - Application Identifier
 - iii. Case identifier – 9-digit Case ID number OR 10-digit Order ID number)
 - iv. Pay **Date** (YYMMDD)
 - v. Payment Amount (**dollars and cents without spaces or decimals 7062 below**)
 1. Review to confirm that **Records 6 (\$ deducted from paycheck 7062) and Record 7 (See Payment Amount Field below - \$70.62) are identical.***
 - vi. Non-custodial parent/employee/payer SSN
 - vii. Medical support indicator. Is the employee eligible for health insurance?
 1. Y=Yes; N=No
 - viii. Non-custodial Parent Name
 - ix. FIPS Code (Federal Information Process Standard)
 1. 5-digit county-specific code begins with *26
 - x. Employment Termination indicator
 1. If last pay date, enter Y=Yes
 - xi. Each field must be separated with an asterisk (*)**
 - xii. Each segment (individual employee record) must end with a backslash (\)**

Addenda Record: M - Mandatory O - Optional

Field Name Data Elements and Separators										
	Segment Identifier	Application Identifier	Case Identifier	Pay Date	Payment Amount	Non-Custodial Parent SSN	Medical Support Indicator	Non-Custodial Parent Name	FIPS Code	Employment Termination Indicator
Length of the fields-->	3	2	1/20	6	1/10	9	1	1/10	5/7	1
NACHA (STANDARD)	DED	M	M	M	M	M	M	O	O	O
MICHIGAN	DED	M	M	M	M	M	M	M	M	O
Example:	DED*	CS*	2001021999*	150131*	25726*	123456789*	Y*	LASTNA,FIR*	26000*	N\

- 1) Insert an asterisk (*) between each data element
- 2) Include the Case (Remittance) Identifier (9 digits); or the Order Identifier (Docket Number - 10 digits). NEVER BOTH.
- 3) Data Element Field (employee case information) contains no hyphens (-); forward slashes (/); back slashes (\) EXCEPT THE REQUIRED BACK SLASH (\) at the end of the employee record. The back slash (\) denotes the end of the individual employee record and MUST be inserted immediately AFTER The Employment Termination Indicator.
- 4) If you choose not to include the Termination Indicator, PLEASE ALWAYS INCLUDE THE BACK SLASH IMMEDIATELY AFTER THE FIPS CODE.

***Sample 6 & 7 Record**

622MISDUBANKNUMBERS 0000007062 STATE OF MI PAYMENT SETTLEMENTDATE 705DED*CS*2005000000*151204*7062*123159324*N*LASTNA,FIR*2606700



NEW EMPLOYER CERTIFICATION

Employer Information

Employer Name:	_____	Employer FEIN	_____
Street Address:	_____	Employer Phone:	_____
City, State, ZIP:	_____	Employer Fax:	_____
Employer Contact:	_____	Number of Withholdings:	_____
Email:	_____		

Third Party Payroll Provider Information

If you do not have a Third Party Provider, please leave blank

Provider Name:	_____	Company ID:	_____
Provider Contact:	_____	Provider Fax:	_____
Provider Phone:	_____		
Provider Email:	_____		

Please Read

1. Please do not attempt a file reversal. MiSDU cannot refund employer-generated CCD reversals.
2. If your file requires an adjustment after transmission, please contact the MiSDU Outreach Department.
3. Please complete and sign this form. Anyone signing this form expressly consents that you have read and understand the above.
4. After signing, fax to 1-517-318-4699, or email to misduoutreach@michigan.gov.

For Agency Use Only

Date Case List Received:	_____	Infotrac Number:	_____
Date Returned:	_____	Date File Expected:	_____
Date Certified:	_____	In database:	_____
OUR Staff Initial:	_____	Manager Initial:	_____

Revised 12/11/2015