



FAMS FTP Today Onboarding Form

Provider name	
Federal Tax ID #	
Address	
Mailing address (if different)	
Primary Contact Name	
Primary Contact Phone #	
Primary Contact Email	
Alternate SFTP ID (if other than primary contact)	
Purpose for SFTP Site	
Transfer Type: Inbound/Outbound/Both	

Is the provider capable of doing CDF? Yes ____ No ____ If yes, what is the 3-digit provider code? _____

Did you submit your W9 form? Yes ____ No ____

(This is a requirement for onboarding)

How would you like to receive payment? ACH ____ Check _____

(ACH Preferred)

If ACH, please complete below:

Account Type	ACH Account #	Confirm ACH Account #	ACH Routing #	Confirm ACH Routing #
Checking __ Saving ____				