

NEIL ABERCROMBIE
GOVERNOR



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STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY

Kakuhihewa Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawaii 96707-2021
Oahu: (808) 692-8265 All others: 1-888-317-9081

**Designation of Transmitter for Information
Reporting Under the Financial Institution Data Match System**

Institution (please print or type) Federal Identification Number

Address

City State Zip

("the institution"), as a financial institution participating in the State of Hawaii Child Support Enforcement Agency ("CSEA") financial institution data match system pursuant to Section 576D-15, Hawaii Revised Statutes ("HRS"), and pursuant to Section 466(a)(17) of the Social Security Act, designates and authorizes _____ ("the transmitter") to exchange data with CSEA for the purpose of satisfying the reporting requirements of the institution under Section 576D-15(b), HRS, subject to the following covenants and conditions.

Both the institution and the transmitter acknowledge and agree that any information received from CSEA pursuant to Section 576D-15, HRS, is confidential and may be used solely for the purpose of complying with the requirements of that section. Both the institution and the transmitter acknowledge and agree that they will not disclose any information contained in an informational return or request for information by CSEA except to their respective authorized employees engaged in complying with the reporting requirements of Section 576D-15, HRS, or to authorized employees of CSEA. CSEA acknowledges and agrees that it is bound by the confidentiality provisions of Section 576D-12, HRS, and is subject to the penalties contained therein.

The transmitter covenants and agrees with the institution that, notwithstanding any other agreement in effect between the transmitter and the institution (either now or in the future), that the transmitter: (i) shall provide CSEA with only the information required to be provided under Section 576D-15(b), HRS, and such other information as may be approved in writing in advance by the institution; (ii) shall not disclose or release or caused to be disclosed or released to any other person or entity, other than the institution and CSEA, any information obtained from, provided to, or exchanged with, either the institution or CSEA, in connection with Section 576D-15, HRS; and, (iii) shall indemnify the institution from and against any and all claims, demands, causes of action, suits, losses, damages and expenses (including without limitation, attorneys' fees) arising out of the transmitter's breach of the preceding covenants (i) or (ii) or of the covenants in the preceding paragraph.

By signing below, I accept the above conditions and certify that I am authorized to do so on behalf of my institution or company.

Institution

Transmitter

Signature of authorized representative

Signature of authorized representative

Name of authorized representative Title

Name of authorized representative Title

Date Telephone number

Date Telephone number

Information required from the transmitter:

CSEA will supply a computer file of candidates to be matched against all accounts of the institution. This file can be made available on 3.5-inch diskette or 3480 cartridge.

Please provide an address and a name of a specific individual for CSEA to use in submitting the above files.

Transmitter's Name	Contact Name	Telephone Number
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Address

City	State	Zip
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This form shall be filed with: Child Support Enforcement Agency, 601 Kamokila Boulevard, Suite 207, Kapolei, Hawaii 96707,
Attn: Kaleialoha Vierra For CSEA use only:

Date received