

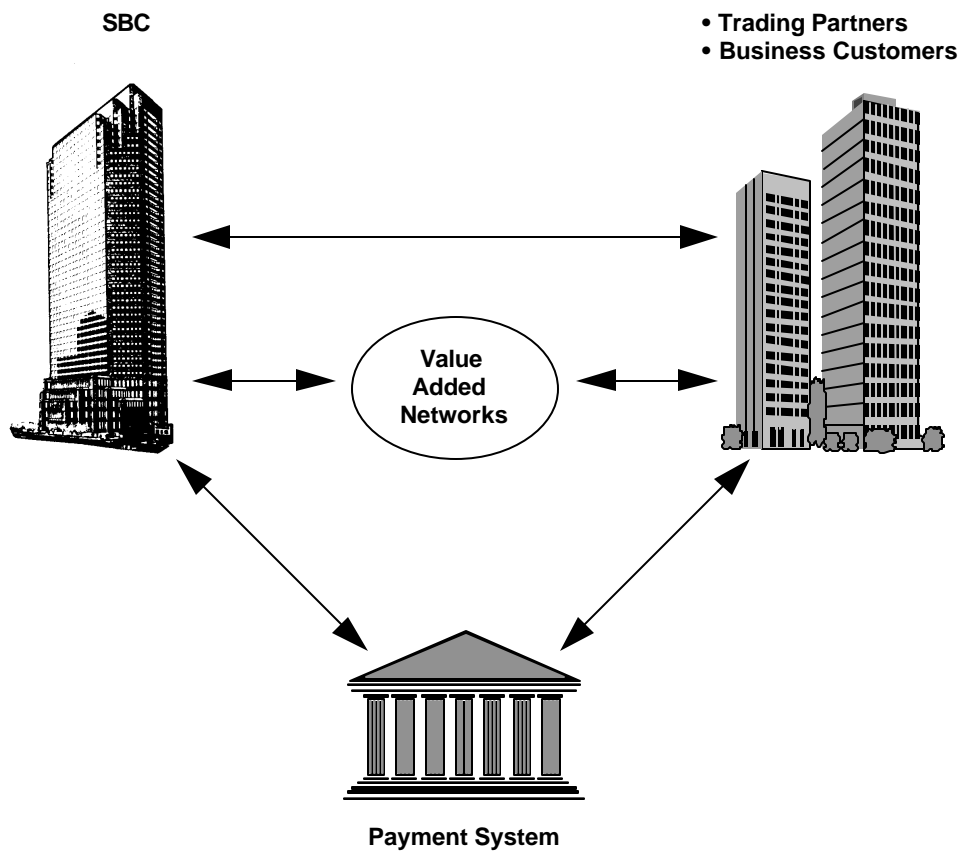


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# Forms for Electronic Payments

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## Electronic Data Interchange - Electronic Funds Transfer



**Building Electronic Partnerships For The Future...Today**

# Table of Contents

## Forms & Reference Material for Electronic Payments

Customer Information Form for Electronic Payments .....	ECF11
Customer Information Form for Electronic Payments (Gov. Agencies) .....	ECF11G
Electronic Funds Transfer Authorization .....	ECF12
Trading Partner Profile for Electronic Payments.....	ECF13
Summary Remittance Requirements for Electronic Payments .....	ECR52



# Customer Information Form for Electronic Payments

Electronic Payments for:  SBC - AR, KS, MO, OK, TX  SBC - IL, IN, MI, OH, WI  
 SBC - CA, NV  Revised Information

Send completed Form to:  
 SBC EDI/EFT Control Center  
 One Bell Center, Room 39-T-8  
 St. Louis, Missouri 63101-3099

Telephone: 1-314-235-5422  
 FAX: 1-314-235-5476

### CUSTOMER COMPANY INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### Treasury Contact

#### Daily Operations Contact

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### CUSTOMER DEPOSITORY FINANCIAL INSTITUTION (DFI) INFORMATION

DFI Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

#### EDI/EFT Contact

#### Daily Operations Contact

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### CUSTOMER (PAYOR) PAYMENT IDENTIFICATION

DFI RTN/ABA Number \_\_\_\_\_  
(ACH Company/Batch Header field, position 80-87)

Company Identification \_\_\_\_\_  
(ACH Company/Batch Header field, position 41-50)

Company Name \_\_\_\_\_  
(ACH Company/Batch Header field, position 05-20)

### CUSTOMER (PAYOR) OPTIONS

#### Payment Option

#### Remittance Option

CCD  Separate EDI 820 Transaction Set (\*) - Version \_\_\_\_\_

CCD+  EDI RMT/DTM Segment(s) in Addenda Record  
 Cross-reference in Addenda Record for Separate EDI 820 Transaction Set (\*)  
Version \_\_\_\_\_

CTX  EDI RMT/DTM Segment(s) in Addenda Record(s)  
 EDI 820 Transaction Set in Addenda Records - Version \_\_\_\_\_

(\* Also complete SBC Trading Partner Profile for Electronic Payments

Completed By \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



### Customer Information Form for Electronic Payments

Electronic Payments for:  SBC - Southwestern Bell  SBC - Ameritech  
 SBC - Pacific Bell/Nevada Bell  Revised Information

Send completed Form to:  
 SBC ED/EFT Control Center  
 One Bell Center, Room 39-T-8  
 St. Louis, Missouri 63101-3099

Telephone: 1-314-235-5422  
 FAX: 1-314-235-5476

**CUSTOMER INFORMATION**

Department \_\_\_\_\_

Agency \_\_\_\_\_

Agency Location Code (ALC) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Treasury Contact****Daily Operations Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**CUSTOMER FMS or DFAS DISBURSING OFFICE**

Disbursing Office Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**ED/EFT Contact****Daily Operations Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**CUSTOMER (PAYOR) PAYMENT IDENTIFICATION**

Disbursing Office RTN/ABA Number \_\_\_\_\_  
(ACH Company/Batch Header field, position 80-87)

Agency Identification \_\_\_\_\_  
(ACH Company/Batch Header field, position 41-50)

Agency Name \_\_\_\_\_  
(ACH Company/Batch Header field, position 05-20)

**CUSTOMER (PAYOR) OPTIONS****Payment Option****Remittance Option**

CCD+

EDI RMT/DTM Segment(s) in Addenda Record  
 Cross-reference in Addenda Record for Separate EDI 820 Transaction Set (\*)  
 Version \_\_\_\_\_

CTX

EDI RMT/DTM Segment(s) in Addenda Record(s)  
 EDI 820 Transaction Set in Addenda Records - Version \_\_\_\_\_

(\*) Also complete SBC Trading Partner Profile for Electronic Payments

Completed By \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



## Electronic Funds Transfer Authorization

\_\_\_\_\_ (SBC Affiliate) sells goods and/or services to \_\_\_\_\_ (Customer) and/or to one or more of its wholly owned subsidiaries.

Customer desires the option to make payments for such goods and/or services by electronic funds transfer (EFT) through the Automated Clearing House (ACH) and SBC desires customer to have such option.

Therefore, SBC hereby ( 1 ) authorizes Customer to make payments for goods and services by EFT, ( 2 ) certifies that it has selected the following depository institution, and ( 3 ) directs that all such EFTs be made as provided below:

Depository Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

NACHA Payment Format: \_\_\_\_\_

SBC Services EFT Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

The parties agree that the terms and conditions of all their agreements concerning the method of payment for goods and services shall be amended as provided herein.

SBC will give thirty ( 30 ) days advance notice in writing to Customer of any changes in its depository institution or other payment instructions.

**SBC**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# Trading Partner Profile for Electronic Payments

**Send completed Form to:**

SBC EDI/EFT Control Center  
One Bell Center, Room 39-T-8  
St. Louis, Missouri 63101-3099

Telephone: 1-314-235-5422

FAX: 1-314-235-5476

Complete this form if using CCD/CCD+ Payment with separate EDI 820 Transaction Set

**COMPANY INFORMATION**

NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**EDI CONTACT INFORMATION**

**EDI Application Contact:**

**EDI Communications Contact:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**SENDER EDI INFORMATION**

ISA Sender ID Qualifier \_\_\_\_\_

ISA Sender ID \_\_\_\_\_

GS Sender ID \_\_\_\_\_

**RECEIVER (SWB) EDI INFORMATION**

ISA Receiver ID Qualifier : \_\_\_\_\_ 01 \_\_\_\_\_

ISA Receiver ID: \_\_\_\_\_ 006968523 \_\_\_\_\_

GS Receiver ID: \_\_\_\_\_ 006968523ICP \_\_\_\_\_

Authorization Information (Communications ID): \_\_\_\_\_ Not Used - Leave Blank \_\_\_\_\_

Security Information (Password): \_\_\_\_\_ Not Used - Leave Blank \_\_\_\_\_

**TRANSMISSION INFORMATION**

\_\_\_\_ VAN Name \_\_\_\_\_

\_\_\_\_ VAN Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Completed By \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



## SUMMARY REMITTANCE REQUIREMENTS FOR ELECTRONIC PAYMENTS

### I. Payment and Remittance Formats

The following electronic payment and remittance combinations may be used:

ACH Payment Transaction	Electronic Remittance Sent	Electronic Remittance Contained in	Electronic Remittance Format
CCD+	With Payment	ACH Addenda Record	EDI RMT/DTM Segments
CTX	With Payment	ACH Addenda Records	EDI RMT/DTM Segments
CTX	With Payment	ACH Addenda Records	EDI 820 Transaction Set

### II. Remittance Data Requirements

The following remittance data is required by telecommunications companies to apply an electronic telephone bill payment:

Remittance Data	Length	Format
(1) ACCOUNT NUMBER	13  OR 14	Left Justified, No Spaces Contains: Area Code, Exchange, Line Number, Customer Code  Left Justified, No Spaces Contains: Area Code, Exchange Line Number, Customer Code, Check Digit
(2) INVOICE DATE*	6	YYMMDD
(3) AMOUNT PAID	4-11	Use decimal point, Leading Zeros may be suppressed

\* Invoice Date is only required for Access Service Invoice Billing arrangements.

### III. Electronic Remittance Format Requirements

#### A. EDI 820 TRANSACTION SET

The following are the data element requirements (by version/release) when using an EDI 820 Transaction Set to pass remittance information:

EDI 820 Ver/Rel	Required Data	820 Area	820 Data Element
003020 - 004010	Total Payment Amount	Table 1	BPR02 (Monetary Amount)
	Payment Date	Table 1 -OR- Table 1	BPR16 (Effective Date)  DTM02 (Date) when DTM01 (Date/Time Qualifier) = '007'
	Items paid (one per item):		
	ACCOUNT NUMBER	Table 2	RMR02 (Reference #) when RMR01 (Ref # Qualifier) = 'IV'
	AMOUNT PAID	Table 2	RMR04 (Monetary Amount) when RMR01 (Ref # Qualifier) = 'IV'
	INVOICE DATE	Table 2	DTM02 (Date) when DTM01 (Date/Time Qualifier) = '003'



# SUMMARY REMITTANCE REQUIREMENTS FOR ELECTRONIC PAYMENTS

## B. INDIVIDUAL EDI SEGMENTS

The following are the formats and data element requirements when using individual EDI Segments within ACH Addenda records to pass remittance information:

### 1. EDI RMT Segment

The following is the format of the RMT Segment used to pass remittance information:

Data Element	Segment Identifier	Delimiter	Ref. Nbr. Qualifier	Delimiter	Reference Number	Delimiter	Monetary Amount	Terminator
Length	3	1	2	1	1-30	1	1-15	1
Value	'RMT'	'*'	'IV'	'*'	ACCOUNT NUMBER or BANK ACCOUNT NUMBER plus INVOICE DATE	'*'	AMOUNT PAID	'\'

Samples: (a) ACCOUNT NUMBER Sample - Payment of \$390.50 for Account 314 555-3672 123

```
RMT*IV*3145553762123*390.50\
```

(b) ACCOUNT NUMBER plus INVOICE DATE Sample - Payment of \$1564.07 for Account 610 080-9013 500 for an invoice created on 10/25/92

```
RMT*IV*6100809013500921025*1564.07\
```

### 2. EDI DTM Segment

The following is the format of the DTM Segment used to pass remittance information:

Data Element	Segment Identifier	Delimiter	Date/Time Qualifier	Delimiter	Date	Terminator
Length	3	1	3	1	6	1
Value	'DTM'	'*'	'003'	'*'	INVOICE DATE	'\'

Samples: (a) INVOICE DATE of 10/25/92

```
DTM*003*921025\
```

The DTM Segment is used with the RMT Segment. Therefore, the full free form data would be:

```
RMT*IV*6100809013500*1564.07\DTM*003*921025\
```