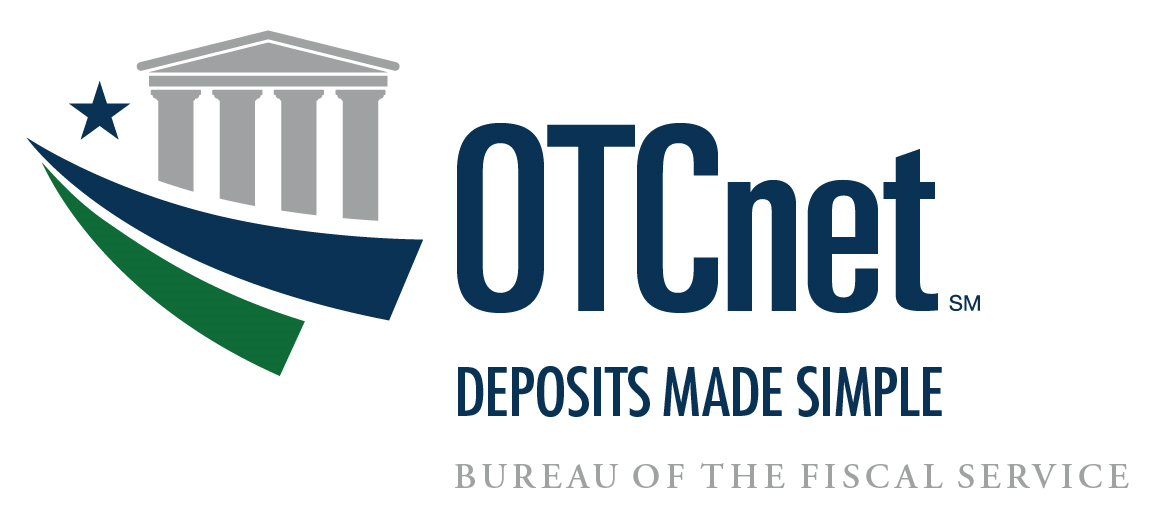
****

OTCnet Agency Site Profile (ASP)

Check Capture

|  |  |
| --- | --- |
| Agency Representative: |  |
| Agency Name: |  |
| Location Name: |  |
| Date: |  |

*Document Version 2.2*

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# Introduction

This document will provide the OTCnet Deployment Team with the necessary information to setup each new endpoint/cashflow which includes lower levels of the OTCnet hierarchy. Once you have completed and submitted this document to the OTCnet Deployment Team, please wait until you are notified by a Deployment Specialist that the specific endpoint setup is complete. If the endpoint is not set up, any items submitted through the ALC +2 will not be settled properly. Unless otherwise noted please complete each section of the Agency Site Profile.

If you have questions about any section of the document, or about the general OTCnet onboarding process, please contact the OTC Deployment Team at fiscalservice.otcdeployment@citi.com or (703) 377-5586.

# Location Information (Required)

Please supply the following information for the location completing this form.

|  |  |
| --- | --- |
| Location Information | |
| Agency Full Name |  |
| Location Name |  |

# General and Contact Information (Required)

Please provide us with the following contact information to ensure that we can reach someone from your agency throughout and after the deployment process.

| Location **Address Information** | |
| --- | --- |
| Location Point of Contact |  |
| Email Address |  |
| Phone Number |  |
| Location Address  (Street, City, State, Country, ZIP code) |  |
| Location County (if in the US) |  |
| Shipping Address  (if different from Location Address) |  |
|  |  |

## Agency ALC or Four Digit DSSN(s) (Required)

|  |  |
| --- | --- |
| **ALC or Four Digit DSSN Information** | |
| ALC or Four Digit DSSN |  |
| Number of Locations or Cashflows Required |  |
| List each individual Location or Cashflow name as it should appear on the check writer’s statement. (Maximum of 16 characters)  NOTE: This list should correspond to the number of Cashflows requested in the line above. |  |

|  |  |
| --- | --- |
| *Special Designation Information* | |
| Is the ALC listed above a CARS (GWA) reporter? |  |
| Is the ALC listed above used to process non-appropriated funds? |  |
| Is the ALC listed above used to process tax data? |  |

## Cross-Servicing Information (Required)

|  |  |
| --- | --- |
| Cross-Servicing Information | |
| *Cross-Servicing allows the payment process to be sub-contracted to another Agency for processing. Please answer the questions below to determine if applicable.* | |
| Does the ALC listed above have Cross-Servicing functions performed by another agency? |  |
| Does the ALC listed in the Location Information section belong to the Federal Agency who is completing the Form? |  |
| If no, please explain: |  |

# Method of Settlement (Required)

There are two types of settlement in OTCnet, which are based upon the type of item received and presented for deposit: Truncation and Conversion.

1. **Truncation:** Non-personal checks, money orders, cashier checks, federal, state, and local government checks, and traveler’s checks will all have debits presented to the check writer’s financial institution via Substitute Check or Electronic Image Presentment.
2. **Conversion:** Personal checks will have a debit presented to the check writer’s financial institution via the Automated Clearing House (ACH) network.

When a return item has been received that was originally collected through either Conversion or Truncation, OTCnet can automatically represent the return item for collection based on certain return codes (i.e. insufficient funds). Treasury will hold the item on behalf of the Agency until it is time to resubmit the item for collection. The resubmission of a previously failed item is called a **representment**.

|  |  |
| --- | --- |
| ***Special Designation Information*** | |
| Has this agency been approved for full truncation? |  |

|  |  |  |
| --- | --- | --- |
| Truncation Representment Schedule | | |
| Specify Number of Represent-ments for Truncation | Indicate None, or One Representment. The recommended setting is one, to allow the maximum number of representments. Please select one. |  |
| Conversion Representment Schedule | | |
| Specify Number of Represent-ments for Conversion | Indicate None, One, or Two Representments. The recommended setting is two, to allow the maximum number of representments |  |
| Representment Schedule | | |
| Schedule | Indicate the preferred representment schedule. The returned items will be resubmitted on the selected dates. Truncation and conversion representments will follow the same schedule. Please select one. |  |
| Hold item for # of days: |
| Other: |

## Notification of Conversion (Required)

It is a regulatory requirement that all agencies participating in OTCnet notify their customers prior to receiving all personal checks that will be converted via ACH. This requirement does not apply to agencies receiving only non-personal checks. The notice must be presented to customersprior to the agency going live with OTCnet. For the official Notifications, please visit our website at <https://www.fiscal.treasury.gov/otcnet/legal-notices.html>

Note: The posting of this notice on a website only is not sufficient notice by itself, but can be used to supplement a primary method of notification such as the inclusion of the notification language on billing statements.

In the table below, please enter details of how and when your Agency plans to begin the notification process.

|  |  |
| --- | --- |
| Plans for Notification of Conversion | |
| How will your agency notify check writers of the conversion of their paper checks to ACH debits? |  |
| On what day does the Agency plan to begin the Notification process? |  |

# System Configuration

## Deposit Ticket and Debit Voucher Settlement Options (Required)

Please answer the questions below on your agency’s preferences on reporting and numbering Deposit Tickets and Debit Vouchers in OTCnet.

| Deposit Ticket and Debit Voucher Settlement Options | |
| --- | --- |
| Should there be only one daily deposit ticket for all the locations under this agency (per ALC) or should each ALC+2 under this agency receive an individual deposit ticket? |  |
| If you selected “Individual Deposit Ticket per ALC+2”, should this location share its range with other ALC+2s under this agency? |  |
| Should there be a single range for deposit tickets and debit vouchers or a separate range for each? |  |
| Provide the ranges discussed above for Deposit Tickets (e.g., single: 000001-999999, next 000001). |  |
| Provide the ranges discussed above for Debit Vouchers (e.g., single: 000001-999999, next 000001). |  |
| Should each retired transaction get an individual debit voucher or should the debit vouchers be aggregated so that the location receives only one debit voucher with many retired items on it (per company)? |  |

## Check Verification Database Usage and Policy (Optional)

The Verification Database is an OTCnet feature that allows Agencies to verify checks against their own historical, negative check database when a customer presents a check. It is used to set up the Agency’s check cashing policy and to indicate how information should be shared within the Agency. Please indicate at what point to create the verification record.

Note: This section is optional. If your Agency will not use this feature, please skip this page. Only Agencies that choose to use this feature should complete this section.

| Agency Suspension Policy | |
| --- | --- |
| Number of Return(s) based on the following return codes: **RO1** (Insufficient Funds), **R02** (Account Closed), **R09** (Uncollected Funds) | Suspension Period (# of days): |
| ***First*** *Item Returned* |  |
| ***Second*** *Item Returned* |  |
| ***Third*** *Item Returned* |  |
| Should items past their suspension date be included in the number of returned checks to determine check writer status? |  |

Note: After the last suspension in the system, the next return item will automatically generate a “Deny” status, and any future transactions will be prevented.

|  |
| --- |
| Point of Creation for MVD Verification Record |
| *Please check one of the statements below to define how verification records are created:* |
|  |
|  |

## User Defined Fields (Optional)

User Defined Fields (UDFs) are optional customizable fields that a location can use to collect information on a payment item. Among other data, OTCnet will automatically capture the Date and Check Number, while a manually-entered Amount UDF captures the dollar amount. The location can add UDFs to collect additional, operator-entered information such as invoice number, name of the remitter, or other information that will help the location track the item. As a note, information that is Personally Identifiable Information (PII) will be masked.

Each Location can choose to use between 0 and 24 User Defined Fields, with each UDF containing up to 255 characters. Each ALC can elect to use two forms, one for use when processing in Person (Customer) Present mode and another for processing in Person (Customer) Not Present or Back Office mode.

If your agency is utilizing the Verification Database, one field can be selected as the ‘primary’ field, which will link to the MVD for verification purposes. Additionally, an Agency can specify four fields that can be used for searching and retrieving records. OTCnet contains an archive of all check images, reports, and banking information.

Four (4) templates have been provided below. Please use one page per UDF. If you would like to add more than four UDFs, please contact the Deployment Team. The UDFs will appear on the form in the order that they are requested below.

| User Defined Field #1 | | |
| --- | --- | --- |
| **Name of Field** | *Enter the name of the field (e.g. Invoice Number)*  *Notes:*   * *For User Defined Fields that are mandatory, insert an asterisk (\*) at the beginning of the Name of Field* * *Include detailed Name of Field and indicate the expected format in parenthesis e.g. Date (MM/DD/YYYY), Location (Street, City, State, ZIP code, Country)* |  |
| **This Field is for ALC** | *Enter the ALC for which you want this User Defined Filed to be utilized* |  |
| **Primary Field** | *This primary field will be used for verification purposes in OTCnet. Please select ‘Yes’ or ‘No’. Note: Only one User Defined Field can be listed ass the Primary Field.* |  |
| **Field is visible in mode** | *Select either ‘Customer present’, ‘Customer not present’, or ‘Both’.* |  |
| **Does this field contain one or more pieces of PII information listed in the next column?** | *Taxpayer Identification Number (TIN),*  *Employee ID, Social Security Number (SSN), Military ID, Driver’s License #,*  *Electronic Data Interchange Personal Identifier (EDIPI), Account Number – used for account numbers of all types (credit card, checking, etc.)* |  |
| **Is the field Mandatory or Optional?** | *Select either ‘Mandatory’ or ‘Optional’.* |  |
| **Is this field one of four searchable fields?** | *Select either ‘Yes’ or ‘No’.* |  |
| **Minimum field length**  (number of characters) | *Specify the minimum number of characters the field should hold.* |  |
| **Maximum field length**  (number of characters) | *Specify the maximum number of characters the field should hold (up to 255).* |  |
| **Data Type** | *Describe the type of data this field contains. If Data Type is a drop-down list, provide the desired fields*  *Only the following characters are permitted:*   * *Aa-Zz* * *0-9* * *!#$%'()\*,-.:?@*   *Notes:*   * *ISO Format date (****YYYY/MM/DD****)* * *US Format Date* ***(MM/DD/YYYY****)* |  |
| Drop-down Items: |
| **What edits should be made for this field?** | *Describe the edits you wish the system to make. For example, the system could check to make sure that a field is all alphabetical or all numeric.* |  |
| **Comments or additional information** | |  |

| User Defined Field #2 | | |
| --- | --- | --- |
| **Name of Field** | *Enter the name of the field (e.g. Invoice Number)*  *Notes:*   * *For User Defined Fields that are mandatory, insert an asterisk (\*) at the beginning of the Name of Field* * *Include detailed Name of Field and indicate the expected format in parenthesis e.g. Date (MM/DD/YYYY), Location (Street, City, State, ZIP code, Country)* |  |
| **This Field is for ALC** | *Enter the ALC for which you want this User Defined Filed to be utilized* |  |
| **Primary Field** | *This primary field will be used for verification purposes in OTCnet. Please select ‘Yes’ or ‘No’. Note: Only one User Defined Field can be listed ass the Primary Field.* |  |
| **Field is visible in mode** | *Select either ‘Customer present’, ‘Customer not present’, or ‘Both’.* |  |
| **Does this field contain one or more pieces of PII information listed in the next column?** | *Taxpayer Identification Number (TIN),*  *Employee ID, Social Security Number (SSN), Military ID, Driver’s License #,*  *Electronic Data Interchange Personal Identifier (EDIPI), Account Number – used for account numbers of all types (credit card, checking, etc.)* |  |
| **Is the field Mandatory or Optional?** | *Select either ‘Mandatory’ or ‘Optional’.* |  |
| **Is this field one of four searchable fields?** | *Select either ‘Yes’ or ‘No’.* |  |
| **Minimum field length**  (number of characters) | *Specify the minimum number of characters the field should hold.* |  |
| **Maximum field length**  (number of characters) | *Specify the maximum number of characters the field should hold (up to 255).* |  |
| **Data Type** | *Describe the type of data this field contains. If Data Type is a drop-down list, provide the desired fields*  *Only the following characters are permitted:*   * *Aa-Zz* * *0-9* * *!#$%'()\*,-.:?@*   *Notes:*   * *ISO Format date (****YYYY/MM/DD****)* * *US Format Date* ***(MM/DD/YYYY****)* |  |
| Drop-down Items: |
| **What edits should be made for this field?** | *Describe the edits you wish the system to make. For example, the system could check to make sure that a field is all alphabetical or all numeric.* |  |
| **Comments or additional information** | |  |

| User Defined Field #3 | | |
| --- | --- | --- |
| **Name of Field** | *Enter the name of the field (e.g. Invoice Number)*  *Notes:*   * *For User Defined Fields that are mandatory, insert an asterisk (\*) at the beginning of the Name of Field* * *Include detailed Name of Field and indicate the expected format in parenthesis e.g. Date (MM/DD/YYYY), Location (Street, City, State, ZIP code, Country)* |  |
| **This Field is for ALC** | *Enter the ALC for which you want this User Defined Filed to be utilized* |  |
| **Primary Field** | *This primary field will be used for verification purposes in OTCnet. Please select ‘Yes’ or ‘No’. Note: Only one User Defined Field can be listed ass the Primary Field.* |  |
| **Field is visible in mode** | *Select either ‘Customer present’, ‘Customer not present’, or ‘Both’.* |  |
| **Does this field contain one or more pieces of PII information listed in the next column?** | *Taxpayer Identification Number (TIN),*  *Employee ID, Social Security Number (SSN), Military ID, Driver’s License #,*  *Electronic Data Interchange Personal Identifier (EDIPI), Account Number – used for account numbers of all types (credit card, checking, etc.)* |  |
| **Is the field Mandatory or Optional?** | *Select either ‘Mandatory’ or ‘Optional’.* |  |
| **Is this field one of four searchable fields?** | *Select either ‘Yes’ or ‘No’.* |  |
| **Minimum field length**  (number of characters) | *Specify the minimum number of characters the field should hold.* |  |
| **Maximum field length**  (number of characters) | *Specify the maximum number of characters the field should hold (up to 255).* |  |
| **Data Type** | *Describe the type of data this field contains. If Data Type is a drop-down list, provide the desired fields*  *Only the following characters are permitted:*   * *Aa-Zz* * *0-9* * *!#$%'()\*,-.:?@*   *Notes:*   * *ISO Format date (****YYYY/MM/DD****)* * *US Format Date* ***(MM/DD/YYYY****)* |  |
| Drop-down Items: |
| **What edits should be made for this field?** | *Describe the edits you wish the system to make. For example, the system could check to make sure that a field is all alphabetical or all numeric.* |  |
| **Comments or additional information** | |  |

| User Defined Field #4 | | |
| --- | --- | --- |
| **Name of Field** | *Enter the name of the field (e.g. Invoice Number)*  *Notes:*   * *For User Defined Fields that are mandatory, insert an asterisk (\*) at the beginning of the Name of Field* * *Include detailed Name of Field and indicate the expected format in parenthesis e.g. Date (MM/DD/YYYY), Location (Street, City, State, ZIP code, Country)* |  |
| **This Field is for ALC** | *Enter the ALC for which you want this User Defined Filed to be utilized* |  |
| **Primary Field** | *This primary field will be used for verification purposes in OTCnet. Please select ‘Yes’ or ‘No’. Note: Only one User Defined Field can be listed ass the Primary Field.* |  |
| **Field is visible in mode** | *Select either ‘Customer present’, ‘Customer not present’, or ‘Both’.* |  |
| **Does this field contain one or more pieces of PII information listed in the next column?** | *Taxpayer Identification Number (TIN),*  *Employee ID, Social Security Number (SSN), Military ID, Driver’s License #,*  *Electronic Data Interchange Personal Identifier (EDIPI), Account Number – used for account numbers of all types (credit card, checking, etc.)* |  |
| **Is the field Mandatory or Optional?** | *Select either ‘Mandatory’ or ‘Optional’.* |  |
| **Is this field one of four searchable fields?** | *Select either ‘Yes’ or ‘No’.* |  |
| **Minimum field length**  (number of characters) | *Specify the minimum number of characters the field should hold.* |  |
| **Maximum field length**  (number of characters) | *Specify the maximum number of characters the field should hold (up to 255).* |  |
| **Data Type** | *Describe the type of data this field contains. If Data Type is a drop-down list, provide the desired fields*  *Only the following characters are permitted:*   * *Aa-Zz* * *0-9* * *!#$%'()\*,-.:?@*   *Notes:*   * *ISO Format date (****YYYY/MM/DD****)* * *US Format Date* ***(MM/DD/YYYY****)* |  |
| Drop-down Items: |
| **What edits should be made for this field?** | *Describe the edits you wish the system to make. For example, the system could check to make sure that a field is all alphabetical or all numeric.* |  |
| **Comments or additional information** | |  |

## Receipts (Optional)

OTCnet can print receipts based on the UDF you created in the previous section. Based on your UDF choices, please list the fields and the appropriate order in which they should appear in the table below (if needed, please insert additional rows). You may specify multiple receipt formats for different locations/cashflows.

Would you like to use receipts?

|  |  |
| --- | --- |
| Receipts | |
| Field 1: |  |
| Field 2: |  |
| Field 3: |  |
| Field 4: |  |

# Agency Hierarchy (Required)

When a location is entered into the OTCnet system, it is added as a level to a pre-existing OTCnet hierarchy. The hierarchy is organized by agency, bureau, and, in some cases, region. When a User is set up in the OTCnet system, access is granted at a specific level, allowing the User to see transactional data for a given level as well as its subordinate locations. Your location’s placement in the hierarchy will determine what records are seen by which locations. Similarly, the OTCnet system configuration settings, such as user defined fields and check cashing policy information, are assigned by level and can be adopted by or assigned to subordinate locations.

Please use the hierarchy example shown below as a guide for completing the hierarchy table for your location. Although space for six levels is provided, you are not required to have a certain number of levels.

Level 4

Level 3

Level 2

Level 1

|  |  |
| --- | --- |
| Level 1: |  |
| Level 2: |  |
| Level 3: |  |
| Level 4: |  |
| Level 5: |  |
| Level 6: |  |

# Hardware

In order to utilize OTCnet, workstations will need to acquire check-scanning equipment. The instructions below will assist in ordering hardware.

## Determining Your Hardware Needs (Optional)

|  |  |  |
| --- | --- | --- |
| Scanner | Scanner Information | Cost |
| RDM EC9100i | Single feed duplex scanner with franker sold separately | $350 |
| Panini I:Deal | Single feed check scanner with franker sold separately | $318 |
| Panini VisionX | Three speed batch scanner capable of processing 50, 75, or 100 checks per minute | Starting at $679 |
| Will your Agency be purchasing new scanners? | |  |
| If you answered “Yes”, please continue reading through the document.  If your answer was “No”, what type of scanner do you have? | | |

## Ordering Hardware

You have two options for purchasing hardware:

**Option 1:** Use your agency purchase card, or credit card, to purchase the hardware directly from the vendor. If you would like to purchase your hardware directly from the vendor, please contact:

* RDM: Stacy Carson, 800-567-6227 x345, stacy.carson@deluxe.com
* Cennox (Panini): Birch Harrison, 888-749-6396 x1322, Birch.Harrison@cennox.com

**Option 2:** Complete the 7600A and 7600B Interagency Agreement (IAA) forms to transfer funding for hardware from your agency to Treasury/Bureau of the Fiscal Service, and have the OTC Deployment Team purchase the hardware on your behalf. Submit the completed IAA forms to Fiscalservice.OTCDeployment@citi.com.

# Metrics and Site Statistics (Required)

Please answer the questions below:

|  |  |
| --- | --- |
| How many sites/locations are there under the listed Agency? |  |
| What is the estimated number of checks that will be collected at this location on a monthly basis? |  |
| How are paper checks accepted at this particular site? |  |
| **What are these funds for?**For the majority of collections processed at this location, what is the purpose of these payments (e.g. applications, donations, reimbursements, fees)? |  |
| **Where are these funds coming from?** What specific government agencies, businesses, or individuals will be initiating (paying) the majority of these payments? |  |
| Indicate your agency’s mode of processing as **Person** (Customer) **Present** for face-to-face, or over the counter transactions; **Person** (Customer) **Not Present,** or **Back Office** for items received by mail or drop box activity at your agency location, or **Combination** if your agency receives checks all three ways. |  |