



Clyde L. Reese, Esq. Commissioner

Georgia Department of Human Services • Division of Child Support Services • Keith Horton, Director
Two Peachtree Street, NW • 20th Floor • Atlanta, GA 30303 • 404-657-3851 • 404-657-3326 (Fax)

FINANCIAL INSTITUTION DATA MATCH REIMBURSEMENT REQUEST

DATE: _____

REMIT PAYMENTS TO: _____

FEI#: _____

ADDRESS:

CONTACT PERSON NAME & PHONE#: _____

Period for reimbursement	Year	Reimbursement Amount	Approved for payment
First Quarter July-September	20_____		
Second Quarter October-December	20_____		
Third Quarter January-March	20_____		
Fourth Quarter April-June	20_____		

Total amount requested: _____

Send Invoice to: Department of Human Services
Division of Child Support Services
FIDM Coordinator
2 Peachtree Street NW, 20th Floor
Atlanta, GA 30303