



**2010 PARTICIPATION FORM
SCAC DEBT COLLECTION PROGRAMS**

This certifies that the following entity intends to participate in the Debt Collection Program(s) for the 2008 calendar year.
Please check which program(s) you plan to participate in.

SETOFF DEBT _____ **GEAR** _____ **BOTH SETOFF AND GEAR** _____

Name of Entity _____ **Entity Code** _____

Setoff Debt Coordinator _____

The person designated as Setoff Debt Coordinator will receive all correspondence, checks and reports unless SCAC is authorized to send checks to a third party company as indicated below. Calls from debtors will be referred to the Coordinator.

Phone _____ **Fax** _____
(This # will appear on Notice of Adjustment from DOR) (This will be used by SCAC only)

Mailing Address _____

This address will appear on the Notice of Adjustment from the Department of Revenue;

E-mail address for Coordinator: _____

Administrator _____ **Title** _____

Mailing Address _____
Copies of all correspondence concerning matches will be sent to the administrator at this address.

Nature of debts to be submitted: (i.e. EMS, Court Fines/Fees, Hospital, etc.) _____

Please list any other employees in your entity who are authorized to receive information from us about these debts *Need for compliance with security/privacy procedures. Use the back of this form if you need more space.:*

SCAC needs the following information to better manage the debt files and data transfer.

1. Please identify type of file you will send: SCAC Debt Software _____ Excel _____ ASCII _____
If Excel or ASCII, do you want the data returned in the SCAC software _____ Yes _____ No

2. Please identify email addresses for other individuals who need notification of data transfers from SCAC:

3. Please check if you wish to use Electronic Funds Transfer : _____ Yes _____ No
Please identify email addresses for other individuals who need notification of the funds transfer:

4. If you use a third party billing company for Setoff/GEAR, please provide the contact information for the company:
Name _____ Phone _____ Email: _____
Address _____

Do you want your third party billing company to have access to your secure folder. _____ Yes _____ No
Please indicate if you prefer to have the Setoff and/or GEAR checks sent to the company. _____ Yes _____ No

Signed: _____
Coordinator Date