

CTX FLAT FILE PAYMENT ORDER FOR CHILD SUPPORT PAYMENTS

File Header Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	4	Alpha/ Numeric	1 - 4	Record ID	"DHDR"	
2	16	Alpha/ Numeric	5 - 20	Blanks		
3	4	Alpha/ Numeric	21 - 24	Agency Name	Ex: DOI	
4	6	Alpha/ Numeric	25 - 30	VENMIS		
5	5	Numeric	31 - 35	Creation Date	YYDDD	
6	5	Alpha/ Numeric	36 - 40	Blanks		
7	20	Alpha/ Numeric	41 - 60	Agency Name	(Optional)	
8	12	Alpha/ Numeric	61 - 72	Agency Telephone Number	(Optional)	
9	6	Alpha/ Numeric	73 - 78	VENMIS		
10	11	Alpha/ Numeric	79 - 89	Schedule Number	Mandatory	1
11	8	Numeric	90 - 97	Settlement Date	Mandatory YYYYMMDD	
12	63	Alpha/ Numeric	98 - 160	Blanks		

1. Schedule number must match 4th and/or 5th nodes of the dataset name of the payment file transmitted to AFC.

Payment Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	1	Alpha/ Numeric	1	Record ID	"B"	
2	9	Numeric	2 - 10	Payee ID (TIN Number)	Taxpayer Identification Number	
3	10	Numeric	11 - 20	Total Payment Amount	No Decimal	1
4	1	Alpha/ Numeric	21	Line Code	V M	2
5	8	Numeric	22 - 29	Agency Location Code (ALC)		
6	23	Alpha/ Numeric	30 - 52	Payee Name	Name field in ACH CTX is limited to 16 characters.	
7	1	Alpha/ Numeric	53	Account Type	"C" or "S"	
8	8	Numeric	54 - 61	Receiving RTN		
9	1	Numeric	62	Check Digit		
10	17	Alpha/ Numeric	63 - 79	Receiving Account Number		
11	35	Alpha/ Numeric	80-114	Name		3
12	13	Alpha/Numeric	115 - 127	Phone Number	(nnn)nnn-nnnn	4

13	9	Numeric	128 - 136	Payer ID	No dashes	5
14	23	Alpha/Numeric	137-159	Blanks		
15	1	Alpha	160	Eligible for Offset Code	"N"	6

1. Total amount must equal the sum of all associated Deduction Records (Field 5 of Deduction Records.).

2. Payments which are deductions or allotments for the purpose of paying child support should be coded with an "M".

- 3. Payroll provider point of contact.
- 4. Payroll provider telephone number.
- 5. Payroll provider FEIN.

6. Child support payments are not eligible for offset.

Deduction Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	3	Alpha/Numeric	1-3	Record ID	DED	
2	2	Alpha/Numeric	4 - 5	Document Reference Type	CS	
3	30	Alpha/Numeric	6-35	Document Number		1
4	6	Alpha/Numeric	36-41	Date	YYMMDD	2
5	15	Alpha/Numeric	42-56	Amount Withheld	No Decimal	3
6	30	Alpha/Numeric	57-86	Document Number	No Dashes	4
7	1	Alpha/Numeric	87	Response Code	Y or N	5
8	35	Alpha/Numeric	88-122	Name		6
9	30	Alpha/Numeric	123-152	Document Number		7
10	1	Alpha/Numeric	153	Response Code	Y or N	8
11	7	Alpha/Numeric	154-160	Blanks		

- 1. Case identifier assigned by the Child Support Enforcement entity.
- 2. Pay Date.
- 3. Sum of all deduction amounts must equal total dollar amount in the Payment Record, field 3.
- 4. Non-custodial parent SSN.
- 5. Medical Support Identifier.
- 6. Non-custodial parent name: first seven (7) letters of the last name, first three (3) letters of the first name.
- 7. Federal Information Processing Standard (FIPS) code.
- 8. Employment Termination Code.

File Trailer Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	4	Alpha/Numeric	1 - 4	Record ID	"DEOR"	
2	6	Alpha/Numeric	5 - 10	Blanks		
3	10	Numeric	11 - 20	(File Total) Record Count	Should Match Items Certified.	1
4	10	Alpha/	21 - 30	Blanks		

		Numeric				
5	12	Numeric	31 - 42	(File Total) Total Amount	Should Match Dollars Certified. No Decimals	2
6	1	Alpha/ Numeric	43	Blank		
7	12	Numeric	44 - 55	(Tape Total) Cumulative Record Count	Total items (optional)	
8	1	Alpha/ Numeric	56	Blank		
9	14	Numeric	57 - 70	(Tape Total) Cumulative Amount	Total dollars (optional)	
10	90	Alpha/ Numeric	71 - 160	Blanks		

1. Must match number of Payment ("B") Records in file.
2. Must match sum of all total dollar amounts in Field 3 of Payment ("B") Records in file.