

**CTX FLAT FILE PAYMENT ORDER FOR ALLOTMENTS AND DEDUCTIONS**


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

| Payment Record |              |                   |                |                            |  |    |
|----------------|--------------|-------------------|----------------|----------------------------|--|----|
| Field No.      | Field Length | Field Type        | Field Position | Description                | Notes  | FN |
| 1              | 1            | Alpha/<br>Numeric | 1              | Record ID                  | "A"  |    |
| 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/<br>Numeric | 21             | Line Code                  | <del>“Y”</del> “M”                                 | 2  |
| 5              | 8            | Numeric           | 22 - 29        | Agency Location Code (ALC) |  |    |
| 6              | 23           | Alpha/<br>Numeric | 30 - 52        | Payee Name                 | Name field in ACH CTX is limited to 16 characters. |    |
| 7              | 1            | Alpha/<br>Numeric | 53             | Account Type               | "C" or "S"   |    |
| 8              | 8            | Numeric           | 54 - 61        | Receiving RTN              |  |    |
| 9              | 1            | Numeric           | 62             | Check Digit                |  |    |
| 10             | 17           | Alpha/<br>Numeric | 63 - 79        | Receiving Account Number   |  |    |
| 11             | 80           | Alpha/<br>Numeric | 80 - 159       | Blanks                     |  |    |
| 12             | 1            | Alpha/<br>Numeric | 160            | Eligible For Offset Code   | <del>Y</del> or N                                  | 3. |

1. Total amount must equal the sum of all associated Remittance Records. (Field 4 of Remittance Records.)

**2. Payments which are the result of an allotment or deduction from a salary or benefit payment should be coded with "M".**

**3. Payments which are the result of an allotment or deduction from a salary or benefit payment should be coded with an "N".**

| Remittance Record  |              |                   |                |                          |  |    |
|--|--------------|-------------------|----------------|--------------------------|--|----|
| The number of remittance records is equal to the number of items/documents you are paying. |              |                   |                |                          |  |    |
| Field No.  | Field Length | Field Type        | Field Position | Description              | Notes  | FN |
| 1  | 3            | Alpha/<br>Numeric | 1 - 3          | Record ID                | "RM"  |    |
| 2  | 2            | Alpha/<br>Numeric | 4 - 5          | Document Reference Type  |  | 1  |
| 3  | 30           | Alpha/<br>Numeric | 6 - 35         | Document Number          |  |    |
| 4  | 10           | Numeric           | 36 - 45        | Actual Amount Paid       | No Decimal   | 2  |
| 5  | 10           | Numeric           | 46 - 55        | Original Document Amount | Not Used   |    |
| 6  | 10           | Numeric           | 56 - 65        | Discount Amount Taken    | Not Used   |    |
| 7  | 2            | Alpha/<br>Numeric | 66 - 67        | Additional Info Type     | Optional   | 3  |
| 8  | 10           | Alpha/<br>Numeric | 68 - 77        | Additional Info Number   | Optional   |    |
| 9  | 80           | Alpha/<br>Numeric | 78 - 157       | Informational Note       | Optional   |    |
| 10   | 3            | Alpha/<br>Numeric | 158 - 160      | Blanks                   |  |    |

1. Recommended Document Reference Types:  
SY - EMPLOYEES SOCIAL SECURITY NUMBER

2. Sum of all Remittance amounts must equal total dollar amount in the Payment Record, field 3.

3. Recommended Additional Info Types:

TN - TRANSACTION REFERENCE NUMBER  
IG - INSURANCE POLICY NUMBER  
3H - CASE NUMBER

| File Trailer Record |              |                   |                |   |  |    |
|---------------------|--------------|-------------------|----------------|---|--|----|
| Field No.           | Field Length | Field Type        | Field Position | Description                             | Notes  | FN |
| 1                   | 4            | Alpha/<br>Numeric | 1 - 4          | Record ID                               | "DEOR"                                       |    |
| 2                   | 6            | Alpha/<br>Numeric | 5 - 10         | Blanks                                  |  |    |
| 3                   | 10           | Numeric           | 11 - 20        | (File Total)<br>Record Count            | (Should Match Items Certified)               | 1  |
| 4                   | 10           | Alpha/<br>Numeric | 21 - 30        | Blanks                                  |  |    |
| 5                   | 12           | Numeric           | 31 - 42        | (File Total)<br>Total Amount            | (Should Match Dollars Certified) No Decimals | 2  |
| 6                   | 1            | Alpha/<br>Numeric | 43             | Blank                                   |  |    |
| 7                   | 12           | Numeric           | 44 - 55        | (Tape Total)<br>Cumulative Record Count | Optional<br>(Total Items)                    |    |
| 8                   | 1            | Alpha/<br>Numeric | 56             | Blank                                   | Optional                                     |    |
| 9                   | 14           | Numeric           | 57 - 70        | (Tape Total)<br>Cumulative Amount       | Optional<br>(Total Dollars)                  |    |
| 10                  | 90           | Alpha/<br>Numeric | 71 - 160       | Blanks                                  |  |    |

|  |  |         |  |  |  |  |
|--|--|---------|--|--|--|--|
|  |  | Numeric |  |  |  |  |
|--|--|---------|--|--|--|--|

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