



835/Electronic Remittance Setup Form

Please provide the following information:

1. Vendor Number:

2. Tax ID Number:

3. Please include how the 835 file will be sent/received:

____ Email or ____ FTP

If by **email**, please provide who will be receiving the 835 file (provide all email addresses). Do they want the file zipped and password protected or PGP key?

If by **FTP**, we will need the FTP address, User ID, the password and PGP key. (Please attach the PGP key to an email and send to fccbposupport@dsthealthsolutions.com.)

4. Since FCC only has one check run per week, the 835 will be sent on Friday afternoon at the latest Monday.