



EDI 210 Data Form

Please complete this form and fax to Payment Services at 314-506-5903

General information

Company (Carrier) Name: _____

EDI Contact Name: _____

EDI Contact Phone: _____

EDI Contact E-Mail: _____

Are you currently using EDI with other Cass customers? **Yes or No**

Do you have an EDI Service Provider? **Yes or No**

If yes, please complete the information below:

EDI Software Company Name: _____

EDI Contact Name: _____

EDI Contact Phone: _____

EDI Contact E-Mail: _____

Which Cass Clients do you want to EDI:

Company Name: _____

Company Name: _____

Company Name: _____

Company Name: _____

Additional Comments: _____

CASS INFORMATION SYSTEMS

Payment Services Department: **Phone** 314-506-5959 **Fax** 314-506-5903

carriersupport@cassinfo.com