

Exhibit 7
PREPAID CARD RFP 6660 Z1
File Formats
DHHS Providers and DHHS Grants

File needs header and footer record					
Field	Type		Offset	Length	Comments
Record ID number	Z	4	1	4	Required
					Always "0101"
					0000 on header record
					9999 on footer record
Institution identifier	C	5	5	5	Required
					00U21
					Right-justified, zero filled
					Blanks on header/footer
Cardholder account number	C	19	10	19	Required if not using account number generation
spaces					Left-justified, space filled
					Must be spaces if using account number generation
Update date	Z	8	29	8	Required on header and footer also
					CCYYMMDD
Update time	Z	6	37	6	Required on header and footer also
					HHMMSS
Prefix number	C	11	43	11	Required
					Left-justified, space filled
					446053290 (provided by US Bank)
Transaction account number	Z	11	54	11	Optional
zeros					Right-justified, zero filled
					Zeroes if not used
Initial transaction amount	Z	11	65	11	Optional
zeros					Zeroes if not used
Expiration date	Z	8	76	8	Required
zeros					CCYYMMDD
Print dollar amount on card indicator	C	1	84	1	Required
N					Y-Yes
					N-No
Special handling indicator	C	1	85	1	Required
N					X-Expedite
					N-No special handling
Cardholder name one	C	26	86	26	Required
					Left-justified, space filled
					First name space Last name
Cardholder name two	C	26	112	26	Optional
space					Left-justified, space filled
					Spaces if not used

Street address line one	C	30	138	30	Required Left-justified, space filled
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Street address line two	C	30	168	30	Optional Left-justified, space filled Spaces if not used
City	C	20	198	20	Required Left-justified, space filled
State	C	2	218	2	Required Left-justified, space filled See "State and Province Codes"
Country	C	3	220	3	Required "USA" if spaces or "****" See "Country Codes"
ZIP Code	C	5	223	5	Required
ZIP+4 extension	C	4	228	4	Optional Spaces if not used
Message line one space	C	35	232	35	Optional Spaces if not used
Message line two space	C	35	267	35	Optional Spaces if not used
Message line three space	C	35	302	35	Optional Spaces if not used
Street address line three space	C	30	337	30	Optional Left-justified, space filled Spaces if not used
Primary cardholder home telephone number zeros	Z	10	367	10	Optional Zeroes if not used
Primary cardholder business telephone number	Z	10	377	10	Optional Zeroes if not used
Primary cardholder taxpayer identification number	Z	9	387	9	Required Zeroes if not used
Primary cardholder birth date zeros	Z	8	396	8	Optional CCYYMMDD Zeroes if not used
Primary cardholder mother's maiden name	C	18	404	18	Optional Spaces if not used
If no maiden name, fill with SSN/FID					Optional
Optional emboss line Space	C	26	422	26	Optional Spaces if not used
User data Space	C	25	448	25	Optional Spaces if not used
Security code Space	C	4	473	4	Optional Spaces if not used
Participant ID number Nxyyyyyyyy	C	17	477	17	Required Left-justified, space filled
x = A or O or V y = arp/org id					Spaces if not used

Filler	C	13	494	13	Required
					Always spaces
Primary cardholder e-mail address	C	39	507	39	Optional
					Spaces if not used
Organization ID number	C	11	546	11	Optional
					Spaces if not used
Division ID number	C	11	557	11	Optional
					Spaces if not used
Message line four	C	35	568	35	Optional
					Spaces if not used
Emboss name one	C	26	6'03	26	Optional
					Spaces if not used
Emboss name two	C	26	629	26	Optional
					Spaces if not used
FILLER	C	438	655	438	Spaces
Notation: C = Alpha-numeric Z = Numeric					