



Enterprise File Transfer (EFT) Partner Server Information

Date:

Organization:

A. SERVER INFORMATION

Type of Server: ☐ Connect: Direct ☐ SSH ☐ MFT Platform Server

Operating System: ☐ Unix ☐ Linux ☐ Windows ☐ z/OS

Node Name:

IP Address:

Port Number:

Please provide the EFT team with server login credentials.

B. LOGIN INFORMATION

Username:

Password: Please send password separately

Directory or High Level Qualifier EFT will send files to:

C. PASSWORD EXPIRATION PROCESS (IF APPLICABLE)

1. If the password expires, how often will EFT need to reset it?
2. Please provide the contact information for the group EFT needs to contact to reset the password (if necessary).
3. Please provide the URL EFT needs to use to reset our password (if necessary).

D. PUBLIC KEY for SSH users (SSH DSA KEY)

Please direct any questions to your EFT contact or the EFT Team
(eft_admin@cms.hhs.gov).