

**BUREAU ACCOUNT SETUP FORM**

*(Hereafter, Agency is referred to as Bureau)*

**BUREAU NAME:** \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

**BUREAU LOCATION**

_____	_____	_____
<i>Street Address</i>	<i>City, State</i>	<i>Zip Code</i>
_____	_____	_____
<i>Phone Number</i>	<i>Fax Number</i>	<i>Website/URL</i>
<p><b>Please select if this is the Primary Account</b> (Primary Account Ex: <u>Property Tax</u>) Note: If multiple payment types will be accepted under this contract, complete Pages 1 and 2 and the Bureau Banking Information form for each additional account.</p> <p><b>*PLEASE PROVIDE A COPY OF A VOIDED CHECK OR A LETTER FROM THE BANK (must be on bank letterhead) FOR EACH BANK ACCOUNT*</b></p>		

**COLLECTED VOLUMES**

Please tell us the volumes you collect from customers; if you have not previously taken credit cards, please provide estimates.

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Average Ticket Size	High Ticket Size	Average Monthly Volume	High Monthly Volume	Annual Volume

**BUREAU TYPE**

Select the Account's payment type or choose OTHER and select payment acceptance online and/or at the counter

TAX	MOTOR VEHICLE	COURT/CLERK	UTILITY	JUSTICE OF PEACE
_____ Tax WEB	_____ MV WEB	_____ Court/Clerk WEB	_____ Utility WEB	_____ JP WEB
_____ Tax CNT	_____ MV CNT	_____ Court/Clerk CNT	_____ Utility CNT	_____ JP CNT
_____ OTHER	(If other, please describe) _____			

**CONTACT INFORMATION**

**User Administrator – Contact Information**  
*It is recommended that the Bureau initially assign one individual as the User Administrator. The User Administrator will create User Accounts and access permissions from the Certified Payments' Reporting Services website. Please provide the User Administrator's information.*

_____	_____	_____
First & Last Name	Email address	Telephone Number

**Notices and Changes – Contact Information**  
*Periodically, Certified Payments will send its Bureaus' notifications on various issues and alerts to upcoming changes. These notices can take the form of either physical mail or electronic mail. Please provide the contact information for the person that should receive such correspondence.*

_____	_____	_____
First & Last Name	Email address	Telephone Number

**Chargebacks – Contact Information**  
*Certified Payments handles all cardholder initiated Chargebacks on behalf of the Bureau; however, we will require the Bureau's assistance in that endeavor and a means by which to communicate. In order to document the process, the primary communication medium will be through email. Please provide the name email address and additional contact information for that person.*

_____	_____	_____
First & Last Name	Email address	Telephone Number

**REFUNDS**

As stated in the Service Provider Agreement, refunds are issued when the need arises. All Refund Requests must be initiated by the Bureau through the Reporting Services website, utilizing the "Refund Request" Link. Certified Payments will not accept Refund requests from cardholders and any such requests by a cardholder will be referred to the Bureau's Primary Telephone Number for assistance.

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**BUREAU NAME:** \_\_\_\_\_

**Payment Acceptance – Options Available**

Please select IVR System if we should provide your customers/cardholders with access to Certified Payments' IVR System

\_\_\_\_\_ **IVR SYSTEM – Telephone Payments**

Please provide the location where consumer payments will originate. ***If your website is hosted, please contact your provider and obtain the re-direct link and we will publish the link on our consumer website so that all payments will be completed and posted through your hosted site.***

\_\_\_\_\_ **CERTIFIED PAYMENT'S CONSUMER WEBSITE** <http://www.certifiedpayments.net>  
 \_\_\_\_\_ **BUREAU WEBSITE** <http://www.> \_\_\_\_\_  
 \_\_\_\_\_ **OTHER WEBSITE** <http://www.> \_\_\_\_\_

**Certified Website and Payment Customization**

Certified Payments has the ability to customize our consumer website so that it will collect detailed payment information specific to each Bureau's needs. If you accept multiple types of payments, we can provide you with a drop down menu; the drop down menu will contain a list of options for the consumer to select when making a payment. This list of options will assist the Bureau in identifying the payment and where the payment should be applied within the Bureau's system.

Following is an example of payment types identified for a **Motor Vehicle Registration** Bureau accepting payments at the counter (CNT); the same detail is available for online (WEB) transactions. Ex: "Drop Down" Menu



Payment Type	Transaction Type	Reference Number	Payment Amount
Payment	Building and Plumbing Permits	67890523	67.50
Reference Number: Registration #, Permit #, Tag # or Description			

<b>Transaction Type</b>	<b>Reference Number</b>
Building and Plumbing Permits	Permit #
Motor Vehicle	License #

Using the examples above, please provide your list of **Transaction Types** and **Reference Number/Identifiers**, and we will customize your Bureau information accordingly.

Transaction Type	Reference Number
_____	_____
_____	_____
_____	_____
_____	_____

BUREAU **CREDIT CARD** ACCOUNT SETUP FORM

*Confidential*

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**BUREAU BANKING INFORMATION**

**COMPLETE THIS FORM FOR EACH BUREAU ACCOUNT REQUESTED**

**BUREAU NAME:** \_\_\_\_\_

**Banking Information - Credit Card Account**

*The undersigned authority authorizes Certified Payments to deposit ACH credits and withdraw ACH debits or initiate wire transfers for the payment of settlements due to and from the Agency listed below and provides and confirms the following agency bank account for such purposes:*

_____	_____	_____
<i>Bank Name</i>	<i>Bank Contact Name</i>	<i>Contact Telephone / Fax/ Email</i>
_____	_____	_____
<i>Street Address</i>	<i>City, State</i>	<i>Zip Code</i>
_____	_____	
<i>Bank Routing Number</i>	<i>Agency's Bank Account/DDA Number</i>	
_____	_____	
<i>Name as it appears on Agency Checking Account</i>	<i>Date Bank Account Opened</i>	

**\*PLEASE PROVIDE A COPY OF A VOID CHECK/BANK LETTER (must be on bank letterhead) ON THE ABOVE-REFERENCED BANK ACCOUNT\***

**AGENCY'S ACCEPTANCE:**

By: \_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

**CERTIFIED PAYMENT'S ACCEPTANCE:**

**ACCELERATED CARD COMPANY, LLC.  
DBA CERTIFIED PAYMENTS**

By: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date