



## Merchant Services Set Up Form

*A separate form must be completed for each Merchant Number assigned.*

<b>1. AGENCY NAME:</b>	<b>8. LOCATION NAME:</b>		
<b>2. AGENCY ADDRESS:</b>	<b>9. LOCATION ADDRESS:</b>		
<b>3. AGENCY CITY:</b>	<b>10. LOCATION CITY:</b>		
<b>4. MAIN CONTACT:</b>	<b>11. SECONDARY CONTACT:</b>		
<b>5. TELEPHONE:</b>	<b>12. TELEPHONE:</b>		
<b>6. EMAIL:</b>	<b>13. EMAIL:</b>		
<b>7. FAX:</b>	<b>14. FAX:</b>		
<b>15. SERVICE DESCRIPTION:</b> (State expenses and general program service)			
<b>16. DATE SUBMITTED:</b>	<b>17. EXPECTED "LIVE" DATE:</b>		
<b>18. GATEWAY PROVIDER:</b>			
Name:	Telephone/Email/Fax:		
Main Contact:	Address:		
<b>19. TRANSACTION TYPE ACCEPTED:</b>			
MasterCard	Visa	American Express	Discover
<b>20. NEW ACCOUNT:</b> Yes      No			
Existing Merchant Number:		Existing American Express Number:	
<b>21. PROCESSING TYPE:</b> (Check the type of system currently used or planned)			
Internet	POS Terminals	Electronic Cash Register	IVR
Kiosk	Telephone	Mobile Application	
<b>22. POS TERMINALS:</b>			
Number of Terminals at this Location: _____		Leased	Purchased
Brand Name:			
Part Number:		Serial Number:	
<b>23. FINANCIAL INSTITUTION:</b>			
Bank Name:		American Express	
Routing Number:		Routing Number:	
Account Number:		Account Number:	

**24. ESTIMATED ANNUAL CREDIT CARD VOLUME BY TRANSACTION:**

Annual Transaction Amount:

Monthly Transaction Amount:

**25. ESTIMATED ANNUAL CREDIT CARD VOLUME BY DOLLAR:**

Annual \$ Amount:

Average \$ Transaction:

**26. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S CREDIT CARD STATEMENT?**

(Limited to 22 characters)

**27. PAYMENT OF FEES:** How will agency submit monthly fees

**28. ACCEPTANCE:** Describe agency's payment acceptance requirements, also describe hardware, software, integration, and interface requirements, including any special configuration, implementation/conversion needs. Explain the agency's use of merchant/account numbers. (Attach additional sheet if necessary.)

**29. REVENUE COLLECTION:** Describe agency's revenue collection pattern, i.e., is it daily, monthly, quarterly, bi-annually, annually, etc. Indicate any black-out periods or if the account will need to be de-activated during non-collection periods.

**30. RECONCILIATION:** Revenue documents will be automatically generated to deposit the revenue for credit card or ACH transactions.

**Contact for processing and assistance in preparation of this form:**

Stephanie Motley, Office of State Treasurer

[Stephanie.Motley@tos.ohio.gov](mailto:Stephanie.Motley@tos.ohio.gov)

Telephone: (614) 728-6880

30 E. Broad Street 9<sup>th</sup> Floor Columbus, Ohio 43215

**APPROVED BY TREASURER OF STATE**

By:

Date:

**FOR TOS USE ONLY**

DIVISION NUMBER:

STORE NUMBER: