



A Swipe AheadSM

MERCHANT PROCESSING APPLICATION

Agent Name: _____

NEW ACCOUNT ADDITIONAL LOCATION - Existing MID #: _____

BUSINESS INFORMATION:

Business Corporate Name County of El Dorado

Business DBA _____

Location Address 2850 Fairlane Court

City Placerville | State CA | Zip 95667

Mailing Address 2850 Fairlane Court

City Placerville | State CA | Zip 95667

Phone # 530-621-5900 | Fax # _____ | Toll Free # _____

Website Address www.edcgov.us | Email address _____

Ownership Type: Corporation Partnership Sole Proprietor

Business Start Date _____ | Tax ID # (9 digits)

Account DDA # _____ | Bank Routing # _____ Voided check submitted

Description of Goods/Services Sold _____

Average days between transaction and delivery _____

Do you drop ship? yes no For how many days is your refund policy? _____

SIGNER INFORMATION:

Signer Name _____ Title _____

Signer Home Address _____

City _____ | State _____ | Zip _____

Signer Home Phone # _____ | Cell # _____

Social Security # _____ | Date of Birth _____

Do you currently accept AMEX?

Yes Existing American Express Account Number: _____
 No Would you like to apply for a new AMEX account? yes no

Additional Services

ACH
 Check21
 Gift/Loyalty Cards

Do you accept EBT? yes no please provide EBT # _____

CREDIT CHECK CONSENT: BY SIGNING BELOW, I THE UNDERSIGNED REPRESENT THAT I HAVE READ AND AM AUTHORIZED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE BUSINESS IDENTIFIED ABOVE AND ALL INFORMATION I HAVE PROVIDED HEREIN IS TRUE, COMPLETE, AND ACCURATE. I AUTHORIZE FIDELITY PAYMENT SERVICES TO COLLECT, STORE AND DISCLOSE THE INFORMATION IN THIS APPLICATION AND INFORMATION ABOUT ME PERSONALLY, INCLUDING BY REQUESTING REPORTS FROM CONSUMER REPORTING AGENCIES IN ORDER TO ASSESS THIS APPLICATION AND ITS ONGOING RELATIONSHIP WITH MY BUSINESS.

IMPRINTER: I UNDERSTAND THAT AS PER THE CARD ASSOCIATION REGULATIONS, IF I ACCEPT CREDIT CARDS IN A "CARD PRESENT" ENVIRONMENT, I AM REQUIRED TO HAVE A MANUAL IMPRINTER FOR INSTANCES WHERE A CARD WILL NOT SWIPE AND THE CARD DETAILS HAVE TO BE KEYED IN. I AM ALSO AWARE THAT I CAN OBTAIN AN IMPRINTER FROM FIDELITY PAYMENT SERVICES AND IT IS MY RESPONSIBILITY TO REQUEST ONE IF NEEDED.

ACH CONSENT: BY SIGNING BELOW, I AUTHORIZE FIDELITY PAYMENT SERVICES TO DEBIT VIA ACH THE DESIGNATED ACCOUNT, AS SPECIFIED ELSEWHERE IN THIS APPLICATION, OR ANY OTHER ACCOUNT MY BUSINESS OR I HAVE AT THE BANK SPECIFIED ELSEWHERE IN THIS APPLICATION OR AT ANY OTHER FINANCIAL INSTITUTION FOR ANY AMOUNT I OWE FIDELITY PAYMENT SERVICES UNDER THIS AGREEMENT OR UNDER ANY OTHER CONTRACT, NOTE, GUARANTEE, INSTRUMENT OR DEALING OF ANY KIND NOW EXISTING OR LATER ENTERED INTO BETWEEN MY BUSINESS OR MYSELF AND FIDELITY PAYMENT SERVICES, WHETHER SUCH OBLIGATION IS DIRECT, INDIRECT, PRIMARY, SECONDARY, FIXED, CONTINGENT, JOINT OR SEVERAL. IN THE EVENT FIDELITY PAYMENT SERVICES DEMANDS SUMS DUE OR SUCH ACH DOES NOT FULLY REIMBURSE FIDELITY PAYMENT SERVICES FOR THE AMOUNT OWED, I WILL IMMEDIATELY PAY FIDELITY PAYMENT SERVICES SUCH AMOUNT.

TERMS AND CONDITIONS: I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS APPLICABLE TO A MERCHANT POSTED TODAY AT THE FIDELITY PAYMENT SERVICES WEB SITE WWW.FIDELITYPAYMENT.COM/TERMSANDCONDITIONS. USERNAME: FIDELITY PASSWORD: FIDELITY. A PAPER COPY OF SUCH TERMS AND CONDITIONS IS AVAILABLE TO YOU UPON REQUEST.

Signature: (X) Michael Ranalli | Date: 4/24/2010

Print Name: Michael Ranalli

442 South Fifth Street • Brooklyn, NY 11211 • Tel: 1-888-847-2627 • www.fidelitypayment.com

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ADVANCED PAYMENT PROCESSING. SIMPLIFIED

Fidelity Payment Services: E-Check Packages Application Worksheet



Agent name: _____

Do you have a merchant account with Fidelity? Yes no (if yes, you do not need to fill out the first section)

Business DBA name: County of El Dorado		Business legal name:		Describe the business:	
EIN/Federal Tax ID:	Year business formed:	Business type (corp, LLC, partnership etc)		Business website	
Business address: 2850 Fairlane Court		City Placerville		State CA	Zip 95667
Mailing address: 2850 Fairlane Court		City Placerville		State CA	Zip 95667
Primary contact:			Title:		
Business Phone:		Contact Phone:		Email Address:	
Signer - Primary Officer: (Good credit score is a must)(also provide secondary officer if partnership)					
Name		Title	Home #		SS#
Home Address:		City	State	Zip	Email address
Banking information for ACH billing (trans fees, monthly fees etc. will be debited from this account)					
DBA name on bank account		ABA #		DDA #	
Banking information for transactions (all ACH and Check21 transactions will settle to these accounts)					
What is the total number of locations/deposit accounts?: (supply voided check for each; pls ensure that check matches the ABA# & DDA# that you submit)					
LOCATION #1: Description/name:(as will display on customer's bank statement)			LOCATION #2: Description/name:(as will display on customer's bank statement)		
Name of Bank			Name of Bank		
ABA #		DDA #	ABA #		DDA #
If more than 2, provide info for all subsequent accounts on separate document or Excel sheet					
Select Monthly transaction plan: (scanner required for physical checks only) <input type="checkbox"/> ACH: Preauthorized (no scanner needed) <input type="checkbox"/> ACH with WEB/TEL authorizations (no scanner needed) <input type="checkbox"/> ACH/Check21 combination (scanner included) <input type="checkbox"/> ACH/Check21 and WEB/TEL combination (scanner included) <input type="checkbox"/> WEB only <input type="checkbox"/> TEL Only <input type="checkbox"/> WEB/TEL combination <input type="checkbox"/> Other _____			Scanner info: MUST select one <input type="checkbox"/> ACH only - no scanner <input type="checkbox"/> Scanner placement - Single check scanner <input type="checkbox"/> Scanner placement - Multi check scanner <input type="checkbox"/> Purchase new: model number: _____ price: _____ Payment Method: _____ <input type="checkbox"/> Reprogram existing: model number: _____ serial#: _____ <input type="checkbox"/> Enable with PaymentSITE		
Transactions included in monthly plan: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input checked="" type="checkbox"/> other: > 1,000 _____			Ship to:		
Velocity: (Note: Any transactions initiated that fall outside of these established settings will be declined by the system)					
What is the largest payment you will ever process?					
What is your largest daily payment total?			What is your largest monthly payment total?		

Contract Administrator: The County Officer or employee with responsibility for administering this Agreement is Creighton Avila, Deputy Chief Administrative Officer, Administration and Finance Division, Community Development Services, or successor.

ACH Re-presentation	
If payment bounces, how many times should face amount be re-presented? (0-2)	How many times should NSF return fee be re-presented (only avail for ACH)? (0-3)
After how many days should it be re-presented (0-15)	Amount you want to charge customer per return fee (\$0-\$20)
Check 21 Re-presentation	
How many times should face amount be re-presented? (0-1)	

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INFORMATION RELEASE CONSENT: BY SIGNING BELOW, I THE UNDERSIGNED REPRESENT THAT I AUTHORIZE JACK HENRY & ASSOCIATES, INC., JACK HENRY & ASSOCIATES, INC., PROFITSTARS DIVISION OR ANY OTHER SPONSORING BANK TO DISCLOSE AND SHARE ANY OF MY PERSONAL OR BUSINESS, CREDIT OR OTHER, INFORMATION TO FIDELITY PAYMENT SERVICES.

ACH CONSENT: BY SIGNING BELOW, I AUTHORIZE FIDELITY PAYMENT SERVICES TO DEBIT VIA ACH THE DESIGNATED ACCOUNT, AS SPECIFIED ELSEWHERE IN THIS APPLICATION, OR ANY OTHER ACCOUNT MY BUSINESS OR I HAVE AT THE BANK SPECIFIED ELSEWHERE IN THIS APPLICATION OR AT ANY OTHER FINANCIAL INSTITUTION FOR ANY AMOUNT I OWE FIDELITY PAYMENT SERVICES UNDER THIS AGREEMENT OR UNDER ANY OTHER CONTRACT, NOTE, GUARANTY, INSTRUMENT OR DEALING OF ANY KIND NOW EXISTING OR LATER ENTERED INTO BETWEEN MY BUSINESS OR MYSELF AND FIDELITY PAYMENT SERVICES, WHETHER SUCH OBLIGATION IS DIRECT, INDIRECT, PRIMARY, SECONDARY, FIXED, CONTINGENT, JOINT OR SEVERAL. IN THE EVENT FIDELITY PAYMENT SERVICES DEMANDS SUMS DUE OR SUCH ACH DOES NOT FULLY REIMBURSE FIDELITY PAYMENT SERVICES FOR THE AMOUNT OWED, I WILL IMMEDIATELY PAY FIDELITY PAYMENT SERVICES SUCH AMOUNT.

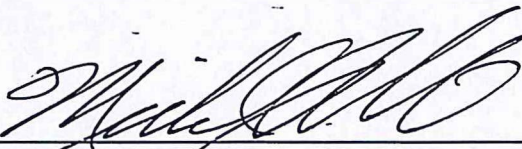
SUBMITTING APPLICATION DOES NOT GUARANTEE ACCOUNT APPROVAL. MERCHANT WILL STILL NEED TO SUBMIT ALL NECESSARY SUPPORTING DOCUMENTATION AND SIGN A MERCHANT AGREEMENT TO COMPLETE THE APPLICATION PROCESS.

MERCHANT AGREES THAT ANY EQUIPMENT SUPPLIED AS PART OF A PROCESSING PACKAGE IS THE PROPERTY OF FIDELITY PAYMENT SERVICES AND IS BEING LICENSED TO MERCHANT. MERCHANT IS RESPONSIBLE FOR ANY DAMAGE TO THE EQUIPMENT DUE TO MISUSE OR NEGLIGENCE. MERCHANT AGREES TO RETURN MERCHANDISE IN GOOD AND WORKING CONDITION WITHIN TEN (10) DAYS OF THE TERMINATION OF THIS AGREEMENT OR TO PAY THE EQUIPMENT VALUE OF \$700 FOR SINGLE CHECK SCANNER AND/OR \$900 FOR MULTI SCANNER.

Pricing Schedule

One Time Fees	Price
Application Fee (non refundable)	\$59
Business Setup Fee	Free
Business Training Fee	None
Monthly Fees	Price
Monthly Fee (Includes Transactions)	\$10
Additional Account Fee (Per additional location)	
Online Reporting	Included
Recurring Billing	Included
Gateway Fee	None
Other	

Misc Fees	Price
Early Termination Fee	None
Annual Fee	None
Customer Database	Included
Additional Transactions (per trans)	0.25
Return Fees	Price Ea.
ACH Return	\$20.00
Check 21 Return	\$20.00
TEL Optional Fees (only charged as per use)	Price Ea.
Email Notification (optional)	\$ 0.05
Mail Notification (optional)	\$ 0.75



 Authorized Signature
 Michael Ranallo

 Print Name

4/24/2014

 Date
 Chair, Bd. of Supervisors

 Title

**ENTERPRISE PAYMENT SOLUTIONS
MERCHANT PROCESSING SERVICES AGREEMENT**

This Enterprise Payment Solutions Processing Services Agreement ("Agreement") is made by and between Jack Henry & Associates, Inc., acting through its ProfitStars Division, with its principal place of business located at 663 West Highway 60, Monett, Missouri 65708 ("JHA"), and the undersigned merchant ("Merchant") as of the date this Agreement is signed by JHA below (the "Effective Date").

JHA provides enterprise payment solutions relating to electronic transaction processing services for organizations who receive payments from customers by paper checks or electronic ACH transactions. With respect to ACH transactions, JHA is the ACH processor through which debit and credit transactions are submitted to the ACH Network in conjunction with ACH check processing origination and settlement services. With respect to transactions involving substitute check images permitted under the Check for the 21st Century (Check 21) Act, JHA provides capture services which facilitates the processing of the substitute check images with financial institutions in the Federal Reserve System.

Merchant is lawfully engaged in the business of selling goods and/or services to third parties from whom it will receive paper checks and/or ACH transactions and with whom it will initiate and process ACH and Check 21 transactions in the U.S. Federal Reserve Bank System, using JHA's enterprise payment solutions.

The parties agree as follows:

1. JHA agrees to provide to Merchant the enterprise payment solutions described in this Agreement and any then-current merchant processing services price list provided by JHA or a JHA enterprise payment solution reseller partner (as the case may be), on the Standard Terms and Conditions appended to and incorporated as a part of this Agreement. Merchant agrees to use the JHA enterprise payment solutions in accordance with these Standard Terms and Conditions.

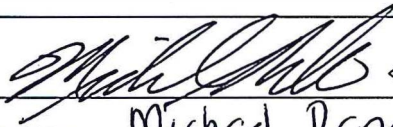

2. This Agreement shall become effective once it has been signed by an authorized representative of both JHA and Merchant, as of the Effective Date referenced above. This Agreement may be terminated by either party as provided in the Termination section of the Standard Terms and Conditions.

In witness of this Agreement, authorized representatives of the parties have signed this Agreement document where provided below.

JHA:
Jack Henry & Associates, Inc.
ProfitStars Division

Merchant:

By: _____

By:  

Printed Name: _____

Printed Name: Michael Bonelli

Title: _____

Title: Chair, Bd. of Supervisor

Date: _____

Date: 4/24/2014

JHA's Federal Tax ID No.: 43 -1128385

Merchant's Federal Tax ID No.: _____

Merchant's Address :

(Street Address)

(City, State, Zip Code)

Application for Payment Processing

SIGNATURES

On behalf of the foregoing legal business ("Merchant"), to induce Jack Henry & Associates, Inc., acting through its ProfitStars™ division ("JHA") reliance thereon, the undersigned certifies the accuracy of all the foregoing information and authorizes JHA, Bank, Credit Bureau, or other investigative agency contracted by JHA to investigate any and all references, statements or other data contained herein or obtained from Merchant, other persons, companies or agencies pertaining to Merchant's and/or Guarantor's credit, financial responsibility and accuracy of any of the foregoing information. The undersigned further agrees to notify JHA of any and all changes which may occur from time to time in the information and statements contained herein. The person(s) signing this agreement certifies that he/she is authorized to enter into this agreement on behalf of Merchant.

WARRANTY OF APPLICATION: In connection with this Agreement, Merchant has executed and delivered an application to JHA containing, among other things, information describing the nature of Merchant's business and, where applicable, the individuals who are Merchant's principal owners. Merchant warrants to JHA that all information and statements contained in such application are true, correct, and complete. Merchant further agrees to notify JHA promptly of any changes which may occur from time to time regarding any information contained in such application, including, but not limited to, the identity of the principal owners, type of goods and services provided and how sales are completed. Merchant and principal owner(s) identified on approved applications shall be jointly and severally liable to JHA and remain liable for any and all loss, costs and expense suffered or incurred by JHA.

JHA FEES: If the Merchant is designated on page one of this application as the party responsible for the Application Fee and/or Monthly Billing/Transaction Fees, JHA will assess fees via ACH debit to Merchant.

ACH DEBIT AUTHORIZATION: I authorize JHA to electronically debit my (select one) Checking account / Savings account for any fees due JHA. If an item is dishonored for any reason, I authorize JHA to initiate an additional electronic debit to the same account for a returned check fee in the amount of \$30. This authorization shall remain in full force and effect until JHA has received written notification from me of its termination in such a time and manner as to afford JHA a reasonable opportunity to act on it.

Name on Bank Account:

ABA Routing/Transit Number:

Bank Account Number:

Account Type:

Checking Savings

Signed By:

Name: (please print)

Title: (please print)

Signature:

Date:

X

Michael Ranalli
Michael Ranalli



Chair, Bd. of Supervisor
4/24/2014