



SECOND AMENDED SERVICE AGREEMENT

REVISION 4/10/19

W: www.cardknox.com

E: info@cardknox.com

APPLICATION DATE: _____

ACCOUNT INFORMATION			BILLING INFORMATION				
CUSTOMER COMPANY NAME / DBA NAME County of El Dorado			BILLING NAME (FIRST NAME, LAST NAME) County of El Dorado				
CONTACT NAME (FIRST NAME, LAST NAME) Building and Planning Department			BILLING ADDRESS 2650 Fairlane Court				
CONTACT ADDRESS 2250 Fairlane Court			BILLING ADDRESS 2				
CONTACT ADDRESS 2			CITY Placerville	STATE CA	ZIP CODE 95667		
CITY Placerville	STATE CA	ZIP CODE 95667	BILLING CONTACT PHONE NUMBER		BILLING CONTACT FAX NUMBER		
CONTACT PHONE NUMBER 530-621-5953	CONTACT FAX NUMBER		BILLING CONTACT E-MAIL ADDRESS cdfiscal@edcgov.us				
CONTACT E-MAIL ADDRESS Kyle.zimbelman@edcgov.us			SHIPPING INFORMATION				
ADMINISTRATIVE REPRESENTATIVE NAME (Authorized for Account Change Requests) Kyle Zimbelman			OWNER SS # / FED TAX ID #				
			SHIPPING CONTACT NAME (FIRST NAME, LAST NAME)				
			SHIPPING ADDRESS (If Different From Billing Address)				
			SHIPPING ADDRESS 2				
Payment method (Please check): <input type="checkbox"/> ACH Debit (Must attach copy of voided check) <input type="checkbox"/> Credit Card - setup fee only <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover			CITY			STATE	ZIP CODE
Account Name			SHIPPING CONTACT PHONE NUMBER		SHIPPING CONTACT FAX NUMBER		
			SHIPPING CONTACT E-MAIL ADDRESS				

Payment Gateway Services

Product Description	Quantity	Product Cost	Activation Fee	Monthly Service	Authorization Fee	Transaction Fee
1. Cardknox	1	\$200	\$0.00	\$0.00		
	SUBTOTAL					
2. Monthly statement				\$0.00		
	SUBTOTAL					
3. Paymentsite						
	SUBTOTAL		\$0.00	\$0.00		
Total:						

NOTES:

This is a one time fee for the life of the contract that replaces the monthly and annual fees.

Your signature below indicates that you have read, understood and agree with the Terms and Conditions outlined on the next page.

AUTHORIZED CUSTOMER SIGNATURE 	PRINT NAME Sue Novacek	DATE 4/2/2019
AUTHORIZED SELLER SIGNATURE 	PRINT NAME Larry Wieder	DATE 2/15/19
	Larry Wieder	5/6/19

**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

By: [Signature]
Printed Name: SUE HAYASEL
Title: Chair, Bd of Supervisors
Date: 4/2/2019

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

Merchant:

REIMBURSEMENT LEMIE
By: [Signature]
Printed Name: ELCHONON DADTEHAN
Title: PRESIDENT
Date: 03/18/2018

Merchant's Federal Tax ID No.: 82-3417-601

Merchant's Address ::

3578 MABELLAN CIRCLE-UNIT 236
(Street Address)
AVENTURA, FLORIDA 33180
(City, State, Zip Code)