

Addendum for Application for Credit Card Processing Service Agreement/New Division Request

Date:					C	ompany ID#: _/U/	25			
					Projecte	ed Live Date:				
SECTION 4. CO	MPAN'	Y/CONTACT IN	FORMATION							
Company Legal Na	ame:	Tyler Techr	ologies, Inc.							
Company Taxpaye	r ID#:	75-2303920								
Contact Name:	Brian	Collins			_ Phone :	#: <u>972-713-37</u> 7	70 ext 113120			
Fax #:	972-7	72-713-3777 Email Address:				brian.collins@tylertech.com				
Transactions prod	essed	for this new set	up request belo	ng to:						
Merchant whose co				••						
An Additional Com	pany wi	nose legal name i	is:			_ and is a 🔲 w	holly-owned			
partially owned		affiliate 🔲 re	gistered DBA or	Other	(explain:) of the mercha	ant noted above.			
On behalf of						·				
1			(C	ompany Legal Na	ime)					
·,		(Print Name)		-	<u></u>	(Title)	,			
verify that the a	account be used	set-up informations to set up an add	on is accurate, tha litional account fo	at I have the	authority iny.	to make such a red	quest and			
Sections	er Morton Decreen									
Parent Business Un Name (if applicable)		exfile OFS		(up to 3	30 bytes)	Parent Bus.Unit # (if applicable):	527321			
Business Unit Nan	·	X OFS - JOHNSO LERK	ON COUNTY DIS	T (up to 3	30 bytes)	Business Unit #:				
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If funds should be	deposi	ted to an existin	g bank account	please com	plete the	following:				
If USD or CAD, will for	unds be	deposited into you	r existing Bank Acc	ount set up w	ith Chase	Paymentech?	s or ⊠No			
If yes, Bank Account		•		n 9 does not i						
If funds should be	deposi	ted to an existin	g funds transfer	instruction	please o	complete the follo	wing:			
If USD or CAD, will the	nis divisi	on utilize an existin	g Funds Transfer Ir	nstruction (FT	ï)?∐ Yes	or⊠No <i>If no, a new</i>	FTI will be created.			
If yes, provide FTI #	_			n 9 does not i						



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1099K Contact N		Kirk H								1099k								nt	ytx.	org	trick	_ •		
This is the contact to 1099K Mailing Ac	ddress:	<u>2 N</u>	1. Ma	ain	Cle				ss lis 6033		the l	W-9 :	supp	lied	(onl	y re	quire	ed if	diffe	rent	than	Cor	pora	te)
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☑Single payment ☐Installment payments ☐Deferred payments ☐Recurring (transactions managed by merchant/submitter)
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Rev11/18/11



SECTION 4: TRANSACTION DIVISION (continued)
Please check below if applicable:
Bill Payment (A Bill Payment transaction is a transaction for an ongoing service/billing cycle that is known and agreed upon in advance by the merchant and cardholder. i.e. Membership or Insurance, etc.)
Do you stock product?
Do you own the product at the time of sale? Yes No
Do you drop ship the product? Yes No If yes, what %:
Are you filling your own merchandise orders? Yes No
If no, who is your fulfillment service bureau?
Fulfillment Contact: Phone # :
SECTION 5: CHARGEBACK GONTACT: (regilifed): (OA (Managersuperasor— one who assigns was trivials) (Required for ratal and Dissaled MRQA (Managersupervisor— one who assigns work (Militats)
NOTE: This college may exception documents the may need to be unabled or taxed, if not participating an distinguistics.
Management (tils will the default contact for Chargeback Mailing (second contact will not be required
Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name:
☐ Mr. ☐ Mrs. ☐ Ms. First Name: Kayla Last Name: George
Title: Supervisor Phone #: 817-556-6839 Ext:
Fax #: 817-556-6120 Alternate Fax #:
Email Address: kayla@johnsoncountytx.org
Address: P.O. Box 495
City: Cleburne State/Prov: TX Zip/Postal Code: 76033 Country: USA
Will this contact require access to: Transaction History ☐ Report Center ☐ both ☒ ?
Account Masking? First6/Last4 or Last 4(select only one)
Does this contact have a Paymentech Online User ID? ☐Yes ☒No If yes, provide User ID:
GHARGERROK GONTACT: decined NON decision Dangeon & Jangeon & Jange
(Resigned Star verte) and Disserver (N) (A state of any Serial vert Analysis, Associatio works the vertice and
☐ Same as above (check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)
Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name:
☐ Mr. ☐ Mrs. ☐ Ms. First Name: Carolyn Last Name: McCoy
Title: Chief Deputy Phone #: 817-556-6839 Ext:
Fax #:817-556-6120 Alternate Fax #:
Email Address:carolynm@johnsoncountytx.org
Address: P.O. Box 495
City: Cleburne State/Prov: TX Zip/Postal Code: 76033 Country: USA
Will this contact require access to: Transaction History ☐ Report Center ☐ both ☒ ?
Account Masking? ☐ First6/Last4 or ☒ Last 4(select only one)
Does this contact have a Paymentech Online User ID? DVs. Dvs.



SECTION 6: PROBI	UCTS & SERVICES	7:
Please indicate if you w require an additional co	vill be using any of the following additional services. Please note that some of these services Ma ontract addendum and/or information if you currently do not have the service. (For information on national places of the service) (For information on the contract your Chase Paymentech Relationship Manager)	y
1. Authorization Rec	cycling	·
# of recycle attempts	E (Default is 3 if left blank) # of days between attempts: (Default is 3 if left blank)	
Output Options: 1	Total (recommended)	
2. MC/IM/UKDM/SW	/ SecureCode	
☐Submitting or ☐Ex	(US Only, Canada & UK Only): xtracting (if extracting Indicate # of Days: (1-180 days) (if Orbital Gateway ater Visa EU Merchant ID required	
SECTIONE A MESELLO	DEFOR PAYMENT	
	sterCard	∌d
☐ Private Label vendor:		
Private Label attributes (Please work with your Vendor	Please supply attributes for Private Label Vendor r to obtain these attributes – for example – HRS Household – Please provide Credit Plan #)	
Discover (conveyed only		toel
☐ American Express(con	oveved) CE#	•
As a rule: (US SE should begin	With "1-8". International SF should begin with a "0" Canadian SF should begin with a "02". International SF should begin with a "0".	tes)
Gross currency aivisions depend	dent on presentment currency)	me
AMEX Parameter Inform		
Cardnoider Descriptor: (/	Appears on your American Express cardholder statement)(All other card types use descriptor in Section 4)	
	(20 bytes)	
TAA #1:	(00 h.d.) TAA #0	
TAA #3:	(22 bytes) TAA #2: (22 bytes) (22 bytes)	
	Express Partial Auths? Yes No	
For American Express On	nly, if yes – please select the following applicable option:	
Auth and Balance Return		
Aggregator Petroleu	ified as a merchant by American Express?: (please select one)	
	- Basel	
LI Electronic Check Pro	cessing Parameter (US and Canadian only)	
Company Name:	(16 bytes)	
Item Description:	(10 bytes)	
Preferred Delivery Method Best Possible (US)		
Redeposit Parameter?	Voc Calle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	The default is	
ECP Maximum Sale		
Fransaction Amount:	(If blank, these amounts will default to match the Bank Card Transaction Amounts. Enter an amount here only if the Maximum Sale and Refund amounts for ECP should be different than Bank Card)	
ECP Maximum Refund Fransaction Amount: Anomys will be required for any	(If blank, these amounts will default to match the Bank Card Transaction Amounts. Enter an amount here only if the Maximum Sale and Refund amounts for ECP should be different than Bank Card)	
www.ne nedalied for any	temporary or permanent increases to this ceiling limit).	1

CHASE 🍎 Taymentech

SECTION 7: METHODS OF PAYMENT (continued)
PINIess Debit (Not applicable for retail merchants)
Please select the network vendors that you have approval from: NYCE STAR Pulse Accel
PIN Based Debit (Applicable to retail merchants only)
PIN BASED DEBIT Requires a PIN Pad – please complete section 8, item #5, entitled "Will you be using a Point-of-Sale terminal (US and Canada only) or Point-of-Sale software?"
If checked above, this division will be setup for the following network vendors with the exception of ERT:
(Fulse, NTCE, STAR, Interlink, Maestro, ACCEL, Alaska Options, Jeanie, AFFN, CU24)
EBT required: Yes or No ? FCS# required if processing food stamp transactions:
Gift Card (U.S. only)
Bill Me Later® payment option (US only)
UK Maestro fka Switch (GBR currency with UK Location only)
International Maestro Available in EUR, GBP (UK Location not applicable) and USD currencies Current Allowable Countries – Austria, Belgium, France, Germany, Ireland, Italy, Luxembourg, Netherlands and United Kingdom (Euro & US Currency only)
☐ European Direct Debit
For EURO only: (Valid only for Euro currency divisions)
Descriptor (16 bytes)
Default will be the first 16 characters of your Cardholder Descriptor unless otherwise noted
Please select country(s) in which you will offer Direct Debit: AT (Austria) BE (Belgium) DE (Germany) NL (Netherlands) FR (France)
For GBP only: (Valid only for GBP currency divisions)
Descriptor (7 bytes)
Default will be the first 7 characters of your Cardholder Descriptor unless otherwise noted
Country: UK
Redeposit Parameter? No Yes Indicate # of days: The default is "1"
PayPai (Valid for US currency only)
Payer Email Address:
(32 character limit) (must be a unique email address belonging to the merchants business and must be working at the time of account creation. Note: No two accounts or divisions can share the same Payer email address.)
Customer Service Email Address:
(127 character limit) Primary Contact Name: Phone: Email:
Descriptor: PAYPAL* (18 bytes)
Business Name: Customer Service Phone# (Ontional)
(/5 character limit and must not contain the following characters &, <, and >.)
Avg Transaction Price: \$ Avg Transaction Price: \$ Avg Transaction Price: \$
Avg. Trans/Yr: Percent of Annual revenue from online sales: % Authentication Method: (the method by which you (the merchant) will authenticate your customer with PayPal – you must choose only one)
PayPal Direct Cardinal Commerce Centinel (if Cardinal Commerce is involved, please complete the following):
Are you using Ecometry or CommercialWare Software to facilitate your Paypal Integration?
Time Zone (based on merchant's location): SSL Security: (check one) HTTP or HTTPS
Tech Contact Name: Email Address:



SECTION 8: PROCESSING METHOD	
Who will be submitting transactions to Chase Paymentech?	
Merchant ☐ Other Co. Name: Tyler Technologies, Inc.	(i.e. fulfillment co. or ECommerce provider)
If known, please provide the Presenter ID # (PID): or	Submitter # (SU):
☐ 1. Will you be submitting transactions from a computer system	m?
What is the name of the manufacturer and model of your computer pla	
What is the name of the manufacturer and model of your modem?	☐ Internal ☐ External
Will you be coding to Chase Paymentech specifications?	Yes No
Will you use NetConnect Batch for Connectivity?	☐ Yes ☐ No
Will you use NetConnect for connectivity for online authorization only?	Yes No
If yes, NetConnect Contact Name:	Email:
UserId (if existing):	Phone:
If applicable, name the software vendor and application you will be usi	ing to format your files:
	rst division using the Orbital Payment Gateway, please contact UserID (if existing)
	70000
247.550.0000	
*Primary contact must be the merchant contact for security needs.	soncountytx.org
Auto-Settle Time: 7:00	low, this should be set no later than 8pm to allow Gateway to settle. ne is based in the merchant time zone. (US time zones only)
Profile Management required? If Yes Level of access: *Merchan	nt or 🖂 **Chain (select one, default is Merchant)
*Merchant level – only requested divisions are available. **Chain level - every	new division created will automatically be available
VT Import Functionality?	
Auth Recycling? ☐ Yes ☒ No # of Recycle Attempts: (Default	is 3) # of Days between attempts:
☐ 3. Will you be using: ☐ Paypal/Verisign ☐ CyberSource	
4. Will you be using the iTerminal? (retail divisions only)	
Primary Contact*:	UserID (if existing)
Address:	(,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City: State: Zip/Postal Code:	Country:
Phone: Email (required):	
If Blank – default will be no auto settle time)	low, this should be set no later than 8pm to allow Gateway to settle.
Magtek Reader Needed?	S No. If Yes NRS7100 or Verifone SC5000
f Yes, Magtek Readers are purchase only) (iTerminal is only certified to utilize the	above PinPads and are purchase only)



SECTION 8: PROCESSING METHOD (continued)	
	Canada only) or Point-of-Sale software?
Point of Sales Software:	
POS/Software Name:	Host Capture Terminal Capture
Connectivity: Dial NetConnect (If NetConnect see requ	irements below)
If NetConnect: Where is your software hosted/configured?	P Corporate location ☐ or Division location ☐
NetConnect Contact Name: UserId if existing:	
PIN Pad Type and quantity?(for PIN BASE DEBIT Only)	Phone:
Is PIN Pad Existing or PIN Pad Purchase Needed	Quantity:
1	
Injection – Will you be using the Chase Paymentech Encryption K Who will be injecting the Encryption Key into your PIN Pad	Sey ☐ or you do own your own Encryption Key? ☐
☐ Chase Paymentech Solutions ☐ Other Vendor	
Equipment/Terminals:	varie.
Maguerra D. D. J. Co. D. J.	
	se or rent, date needed by:
	quantity? Printer quantity?
Terminal/Equipment Type:	Printer Type:
Host Capture Terminal Capture	
Connectivity: Dial NetConnect Wireless (If Net	Connect see requirement below)
NetConnect Contact Name: UserId if existing:	•
	Phone:
PIN Pad Type and quantity? (for PIN BASE DEBIT Only)	Quantity:
Is PIN Pad Existing or PIN Pad Purchase Needed	tion K
Injection – Will you be using the Chase Paymentech Encryp Who will be injecting the Encryption Key into your PIN Pad?	Please select one below:
☐ Chase Paymentech Solutions ☐ Other Vendor Nam	e:
Store Phone #: Terminal Line Phone #	
Customer Service Phone # (if different then Store Phone #)	Dial Out Prefix (9,8,5):
Equipment/Kits/Imprinters Ship To Address (if different than steepers of the steep steep)	
location) Please ensure a contact will be available to accept shipment:	Attention to:
Street Address:	Default will be Store Manager
City: State/Prov:	Zip/Postal Code: Country:
Ship to contact's phone#: Ship to contact's	<u> </u>
Store Opening Date: Special Requiren	
Do you require a "re-program" kit? (overlay, quick referen	
Do you require an Imprinter? Yes No Type of Imprinter No Type No Type No Type No Type No Type No Type No Type No Type No Typ	rinter required: With Dater Cor Without Dates C
Do you require an imprinter Plate? Wes No	
Do you require a Welcome Kit? (this includes sales drafts, of	credit drafts, etc) Yes No⊠
	,,



Note: When setting up multiple bank accounts, please complete a separate form for each. SECTION 9: BANK ACCOUNT INFORMATION Check only one Settlement Currency in which we Deposit Complete all sections of the 7 options will fund to you (Country where your Bank Acct listed: below Resides) Option #1 🛛 USD USA A, E (See section A Note section) Option #2 CAD CAN B1 to B3, E Option #3 USD CAN B1 to B3, D3, D4, E Option #4 USD Int'l C1 to C3, D1, D3, D4, E (list country funds are being deposited in) Option #5 □Euro, □GBP, □ JPY, □AUD, □ Euro Bank or SAME as C1 and/or C2, C3, E HKD, □DKK, □CHF, □NOK, □SEK, presentment/settlement currency □NZD, □ZAR □Euro, □GBP, □ JPY, □AUD, □ Option # 6 If **DIFFERENT** than Settlement C1 and/or C2, C3, D1 HKD, □DKK, □CHF, □NOK, □SEK, Currency and/or D2, D4, E □NZD, □ZAR, □USD Int'i (list country funds are being deposited in) □Euro, □GBP, □ JPY, □AUD, □ Option #7 B1 to B3, D1, D4, E CAN HKD, \square DKK, \square CHF, \square NOK, \square SEK, □NZD, □ZAR Section A: US BANK ACCOUNT INFORMATION (select preferable method of transfer) ACH Transfer (required even if not selected) (ABA #) 1 3 0 1 2 2 ☐ Wire Transfer (See Note) (Fedwire#) ☐ BIC/Swift Transfer (See Note) (Swift Code: (8 to 11 bytes) Please Note: BIC/Swift code is required if your division is located outside of the US or Canada and is settling funds in USD. Wire transfer requires both ACH ABA Routing# and Fedwire#. Special Wire Instructions: (60 bytes) Johnson County Treasurer 176545 Bank Account #: Company Name: (As appears on Bank Account) **Clearing Account** Financial Institution Name: First Financial Bank City: Cleburne **United States** State: 76033 Zip/Postal Code: Country: Checking Checking OR ☐ Savings Section By Canadian Bank account inecritation: Temp (expetion by Only **B1** Institution Number: **EFT Branch Transit Number:** B2 BIC/Swift Code: (8 to 11 bytes) (required if settlement is USD) **B3** Bank Account # Company Name: (As appears on Bank Account) **Financial Institution Name:** City: Province: Postal Code: Country: Canada ☐ Checking OR ☐ Savings



Section C: FINAL DESTINATION BANK Account Where Your Funds are Deposited			
C1 BIC/Swift Code: (8 to 11 bytes)			
C2 CHAPS Sort Code: (Required in Great Britain C	Only)		
C3 IBAN/Bank Account #			
(IBAN required for all	Banking located in European Un	ion Countries)	
Company Name: (As appears on Bank account)			
Financial Institution Name:			
City: State/Province:	Posta	al Code:	Country:
Special Wire Instructions: (60 bytes)			
Section OF INTERNEDIAR VICLEARING.	PANK ACCOUNT (NEOR	MAZIONE	
voer arme versus englatanaments voerarment	sein London intermediagas no	Maybret G	mplete:Section *C*Folity:
D2 CHAPS Sort Code: (Required in Great Britain On	ily)		
D3 Wire Transfer: (USA Only)			(Routing #)
D4 Financial Institution Name:			
City: State/Province:	Postal Co	ode/Zip:	Country:
Special Wire Instructions: (60 bytes)			
Section Et Signature			
'On behalf of Johnson County	I, Debbie Rice		, represent and warrant
(Marchant Law 181			
(Merchant Legal Name)	(Print Nam	•	
hat I have the authority to add banking information and	·	•	is accurate and should be used to
hat I have the authority to add banking information and	d I verify that the above banking	ng information	is accurate and should be used to
hat I have the authority to add banking information and ransfer funds accordingly."	Johnson County Tr	ng information	is accurate and should be used to
that I have the authority to add banking information and ransfer funds accordingly."	Johnson County Tr	easurer	
that I have the authority to add banking information and ransfer funds accordingly." Authorized Signature* (*Must be signature)	Johnson County Tree Title	easurer	
hat I have the authority to add banking information and ransfer funds accordingly." Continue	Johnson County Tree Title ned by Executive or Financial lease attach an original	easurer	
that I have the authority to add banking information and ransfer funds accordingly." Continue Continue	Johnson County Tree Title ned by Executive or Financial lease attach an original	easurer	
that I have the authority to add banking information and transfer funds accordingly." Authorized Signature* (*Must be signature*) Note: In order to process this request, pl	Johnson County Tree Title ned by Executive or Financial lease attach an original	easurer	
that I have the authority to add banking information and transfer funds accordingly." Authorized Signature* (*Must be signature*) Note: In order to process this request, pl	Johnson County Tree Title ned by Executive or Financial lease attach an original	easurer	
Authorized Signature* (*Must be signature to process this request, placements not applicable) or a bank letter.	Johnson County Tromples Johnson County Tromples Title ned by Executive or Financial lease attach an original er of verification.	easurer al Contact)	
Authorized Signature* (*Must be signature to process this request, placements not applicable) or a bank letter.	Johnson County Tree Title ned by Executive or Financial lease attach an original	easurer al Contact)	
hat I have the authority to add banking information and ransfer funds accordingly." Authorized Signature* (*Must be signature: not applicable) or a bank letter.	Johnson County Tromples Johnson County Tromples Title ned by Executive or Financial lease attach an original er of verification.	easurer al Contact)	
hat I have the authority to add banking information and ransfer funds accordingly." Authorized Signature* (*Must be signature: not applicable) or a bank letter.	Johnson County Tromples Johnson County Tromples Title ned by Executive or Financial lease attach an original er of verification.	easurer al Contact)	



Merchant Services • 4 Northeastern Boulevard, Salem, NH 03079-1952 • www.chasepaymentech.com •

Phone: (603) 896-6000 • Fax: (603) 896-8715 • Merchant_Services@ChasePaymentech.com SECTION 10: REPORT CENTER AND TRANSACTION HISTORY ACCESS FORM Please be sure to include the information below for additional contact that requires access to Transaction History and/or Paymentech Online Report Center. Report delivery will be web based via Paymentech Online. Please note: You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online contacts. Chase Paymentech assumes no responsibility or liability of any kind for Merchant's failure to advise Chase Paymentech of changes to or elimination of Paymentech Online Users. Please be sure to complete all fields below. Salutation: Check one: Mr. Ms. Mrs.

Name: Kayla George	Title: Supervisor
Phone #: 817-556-6839	Fax #: 817-556-6120
Address: P.O. Box 495	
City: Cleburne State/Prov: TX	Zip/Postal Code: 76033 Country: USA
Email Address: (40 bytes) kayla@johnsoncountytx.o	rg
	(username@domain.com)
Does this contact have a Paymentech Online User ID?	
Does this User require access to: Reporting	Transaction History ⊠ Both Account Masking ⊠ Yes ☐ No
If yes, who?	idual with Paymentech Online Access? Yes No
	s this individual left the company? ☐ Yes ☒ No nother User Paymentech Online Access? ☐ Yes ☒ No
If yes, who?	766 23 NO
Account Masking? ☐ First6/Last4 or ☐ Last 4 (select	only one)
Salutation: Check one: Mr. Ms. Mrs.	
Name: Carolyn McCoy	Title: Chief Deputy
Phone #: 817-556-6839	Fax #: 817-556-6120
Address: P.O. Box 495	T dX #
City: Cleburne State/Prov: TX	Zip/Postal Code: 76033 Country: USA
Email Address: (40 bytes) carolynm@johnsoncountyt	
(usemame@domai	
Does this contact have a Paymentech Online User ID?	☐ Yes ☒ No If yes, please provide User ID:
Does this User require access to: Reporting T	ransaction History 🛛 Both Account Masking 🕅 Yes 🗆 No
For existing merchants – Is this User replacing an individ	lual with Paymentech Online Access? ☐ Yes ☒ No
If yes, who? Has For existing - Is this User's access to be mirrored like or	this individual left the company? Yes No
For existing – Is this User's access to be mirrored like ar If yes, who?	lother User Paymentech Unline Access? ☐ Yes ☒ No
Account Masking? ☐ First6/Last4 or ☐ Last 4 (select of	nly one)
to the resulting a specific state of a state of a second	
I, Debbie Rice	, Johnson County Treasurer verify that the
(Print Name)	(Title)*
access for these contacts to access Transaction History	o make such a request and thus it should be used to grant
	and/or the report Center.
Letter Letter	he Keel
*	(must be signed by Executive or Financial Contact)

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