

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

Date: \_\_\_\_\_

Company ID#: 70725

Projected Live Date: \_\_\_\_\_

**SECTION 1: COMPANY/CONTACT INFORMATION**

Company Legal Name: Tyler Technologies, Inc.

Company Taxpayer ID#: 75-2303920

Contact Name: Brian Collins Phone #: 972-713-3770 ext 113120

Fax #: 972-713-3777 Email Address: brian.collins@tylertech.com

**Transactions processed for this new set up request belong to:**

*Merchant whose company legal name is represented above...*

**OR**

An Additional Company whose legal name is: \_\_\_\_\_ and is a  wholly-owned

partially owned  affiliate  registered DBA or  Other (explain: \_\_\_\_\_) of the merchant noted above.

On behalf of \_\_\_\_\_

(Company Legal Name)

I, \_\_\_\_\_, \_\_\_\_\_

(Print Name)

(Title)

verify that the account set-up information is accurate, that I have the authority to make such a request and thus, it should be used to set up an additional account for our company.

**SECTION 2:**

Parent Business Unit Name (if applicable): Texfile OFS (up to 30 bytes) Parent Bus. Unit # 527321 (if applicable): \_\_\_\_\_

Business Unit Name: TX QFS - JOHNSON COUNTY DIST CLERK (up to 30 bytes) Business Unit #: \_\_\_\_\_

**SECTION 3:**

**If funds should be deposited to an existing bank account please complete the following:**

If USD or CAD, will funds be deposited into your existing Bank Account set up with Chase Paymentech?  Yes or  No

If yes, Bank Account # \_\_\_\_\_ (Section 9 does not need to be completed)

**If funds should be deposited to an existing funds transfer instruction please complete the following:**

If USD or CAD, will this division utilize an existing Funds Transfer Instruction (FTI)?  Yes or  No *If no, a new FTI will be created.*

If yes, provide FTI # \_\_\_\_\_ (Section 9 does not need to be completed)

**SECTION 4: 1099K CONTACT INFORMATION** (W-9 required if new US entity and/or taxpayer ID, W-8 required for Canadian entities)

Transaction Division's Taxpayer ID #/No. 75-6001030 or Same as Corporate Yes  No   
(As shown on your Income Tax Return)

1099K Contact Name Kirk Kirkpatrick 1099K Contact email address : kirkkirkpatrick@johnsoncountytx.org

*This is the contact that will receive the 1099K mailing to the address listed on the W-9 supplied (only required if different than Corporate)*

1099K Mailing Address: 2 N. Main Cleburne, TX 76033

(If different than address provided on your W-9)

**SECTION 4a: TRANSACTION DIVISION**

Division Name: TX OFS - JOHNSON COUNTY DIST CLERK (up to 30 bytes - this will appear on your Financial Reports)

Currency (list only 1 each per division): Settlement: USD Presentment: USD

\*\*\* If using our Cross Currency Product - please provide both the Presentment and the Settlement Currencies\*\*\*

- The following field appears on the customer's statement and identifies the merchant name for the consumer and credit card organizations. To further aid consumer recognition, Visa has sanctioned the abbreviation of the merchant name. It must be separated from product information by an asterisk (\*), which must appear in the 4th, 8th or 13th position. The asterisk cannot be used for Retail Merchants. Internet service providers, e-commerce merchants may utilize a URL instead of Customer Service Phone if not processing any Mail-order transactions (URL must only be 13 bytes)

Cardholder Descriptor (For all card types with the exception of American Express):

J O H N S O N C N T Y \* E - F I L E (22 bytes)

Customer Service Phone #: 8 1 7 - 5 5 6 - 6 8 3 9 (13 bytes)  
(Required for Mail Order or Recurring)

City: (Required for Retail) (13 bytes)

URL: (optional, if phone# provided above) (13 bytes)

Division Location Address: 204 S. Buffalo, Ste 204 Country: USA

(Must be a street address, PO Boxes not acceptable)

City: Cleburne State/Prov: T X Zip Code (US): 7 6 0 3 3

(For Retail-City above must match City Location)

Postal Code (Intl): \_\_\_\_\_ Postal Code (Can): \_\_\_\_\_ (6 bytes)

(State/Province and Postal/Zip codes must match the address given above)

Product/Service Description (Enter product description, i.e. clothing, books, membership)

C O U R T F I L I N G

Publication Descriptor (Please provide only if required by your submitter): \_\_\_\_\_

Avg. Trans. \$ Amt: 150.00 Avg. # Trans./Yr: 1000 Projected Refund % 0.1

How do you market this product? (Check only those that apply to this division)

Catalog  Direct Mail  Internet  Space Ad  TV  Outbound Telemarketing  Other

How will consumers provide credit card information to you when they order this product? (Select only one):

Retail  Mail/Phone (Marketing Material Required)  Internet (Please provide your URL): http:// https://texfile.tylerhost.net/

If Internet is selected and the website is not yet available to consumers please complete a Marketing Material Supplement form which you may obtain from Merchant Services or your account executive.

If Internet, please advise: Select one:  SSL  SET  No encryption method

Will the consumer be able to place their order and provide their credit card info (or electronic check info) through this website?  Yes  No

Is the web site secure, i.e., will the information that the consumer provides, such as their name and credit card number be encrypted so that it can't be read or intercepted by other people?  Yes  No

Maximum Sale Transaction Amount: \$ \_\_\_\_\_ (Default \$25,000 U.S. dollars or established international currency equivalent per transaction)

Maximum Refund Transaction Amount: \$ \_\_\_\_\_ (Default \$25,000 U.S. dollars or established international currency equivalent per transaction)

(Approval will be required for any temporary or permanent increases to this ceiling limit).

Please check the consumer's payment option for this division: (Select only one):

Single payment  Installment payments  Deferred payments  Recurring (*transactions managed by merchant/submitter*)

**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?  Yes  No Do you provide custom orders at time of sale?  Yes  No

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 CONTACT: (required) IQA (Manager/supervisor – one who assigns work to others)**

*(Required for retail and Discovered MRQA (Manager/supervisor – one who assigns work to others))*

**NOTE:** This contact may receive any exception documents that may need to be mailed or faxed. If not participating in Chargeback Management this will be 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@johnsoncountytexas.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: \_\_\_\_\_

**CHARGEBACK CONTACT: (required) MCA/MRA (Merchant/Manager/supervisor – one who works the chargeback)**

*(Required for retail and Discovered MRQA (Merchant/Manager/supervisor – one who works the chargeback))*

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@johnsoncountytexas.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: \_\_\_\_\_





## 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? \_\_\_\_\_

What is the name of the manufacturer and model of your computer platform? \_\_\_\_\_

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 using to format your files: \_\_\_\_\_

2. Will you be using the Orbital Payment Gateway? \*If this is the first division using the Orbital Payment Gateway, please contact your Relationship Manager

Primary Contact\*: Kayla George UserID (if existing) \_\_\_\_\_

Address: P.O. Box 495

City: Cleburne State: TX Zip/Postal Code: 76033 Country: USA

Phone: 817-556-6839 Email (required): kayla@johnsoncountytexas.org

\*Primary contact must be the merchant contact for security needs.

Auto-Settle Time: 7:00  AM or  PM To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.  
 (If Blank – default will be no auto settle time)

Merchant Time Zone: CST Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)

Profile Management required? If Yes Level of access:  \*Merchant 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?  Yes  No

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

\*Primary contact must be the merchant contact for security needs.

Auto-Settle Time: \_\_\_\_\_  AM or  PM To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.  
 (If Blank – default will be no auto settle time)

Merchant Time Zone: \_\_\_\_\_ Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)

Magtek Reader Needed?  Yes  No If Debit, PinPad Needed?  Yes  No If Yes, NBS7100  or Verifone SC5000

(If Yes, Magtek Readers are purchase only) (iTerminal is only certified to utilize the above PinPads and are purchase only)

**SECTION 8: PROCESSING METHOD (continued)**

5. Will you be using a Point-of-sale terminal (US & Canada only) or Point-of-Sale software?

**Point of Sales Software:**

POS/Software Name: \_\_\_\_\_ Host Capture  Terminal Capture   
 Connectivity: Dial  NetConnect  (If NetConnect see requirements below)  
 If NetConnect: Where is your software hosted/configured? Corporate location  or Division location   
 NetConnect Contact Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 UserId if existing: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PIN Pad Type and quantity? (for PIN BASE DEBIT Only) \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Is PIN Pad Existing  or PIN Pad Purchase Needed   
 Injection – Will you be using the Chase Paymentech Encryption Key  or you do own your own Encryption Key?   
 Who will be injecting the Encryption Key into your PIN Pad? Please select one below :  
 Chase Paymentech Solutions  Other Vendor Name: \_\_\_\_\_

**Equipment/Terminals:**

Will you  Purchase?  Rent? (US Only) \_\_\_\_\_ If purchase or rent, date needed by: \_\_\_\_\_  
 Use existing equipment?  Yes  No Terminal quantity? \_\_\_\_\_ Printer quantity? \_\_\_\_\_  
 Terminal/Equipment Type: \_\_\_\_\_ Printer Type: \_\_\_\_\_  
 Host Capture  Terminal Capture   
 Connectivity: Dial  NetConnect  Wireless  (If NetConnect see requirement below)  
 NetConnect Contact Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 UserId if existing: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PIN Pad Type and quantity? (for PIN BASE DEBIT Only) \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Is PIN Pad Existing  or PIN Pad Purchase Needed   
 Injection – Will you be using the Chase Paymentech Encryption Key  or you do own your own Encryption Key?   
 Who will be injecting the Encryption Key into your PIN Pad? Please select one below:  
 Chase Paymentech Solutions  Other Vendor Name: \_\_\_\_\_  
 Store Phone #: \_\_\_\_\_ Terminal Line Phone #: \_\_\_\_\_ Dial Out Prefix (9,8,5): \_\_\_\_\_  
 Customer Service Phone # (if different then Store Phone #) \_\_\_\_\_

Equipment/Kits/Imprinters Ship To Address (if different than store location) Please ensure a contact will be available to accept shipment:  
**Attention to:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Ship to contact's phone#: \_\_\_\_\_ Ship to contact's email: \_\_\_\_\_  
 Store Opening Date: \_\_\_\_\_ Special Requirements: \_\_\_\_\_

Do you require a "re-program" kit? (overlay, quick reference guide, etc.) Yes  No   
 Do you require an Imprinter?  Yes  No Type of Imprinter required: With Dater  or Without Dater   
 Do you require an Imprinter Plate?  Yes  No  
 Do you require a Welcome Kit? (this includes sales drafts, credit drafts, etc) Yes  No



**Note: When setting up multiple bank accounts, please complete a separate form for each.**

<b>SECTION 9: BANK ACCOUNT INFORMATION</b>			
Check only one of the 7 options below	Settlement Currency in which we will fund to you	Deposit (Country where your Bank Acct Resides)	Complete all sections listed:
Option #1 <input checked="" type="checkbox"/>	USD	USA <i>(See section A Note section)</i>	A, E
Option #2 <input type="checkbox"/>	CAD	CAN	B1 to B3, E
Option #3 <input type="checkbox"/>	USD	CAN	B1 to B3, D3, D4, E
Option #4 <input type="checkbox"/>	USD	Int'l _____ <i>(list country funds are being deposited in)</i>	C1 to C3, D1, D3, D4, E
Option #5 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR	Euro Bank or <u>SAME</u> as presentment/settlement currency	C1 and/or C2, C3, E
Option #6 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR, <input type="checkbox"/> USD	If <u>DIFFERENT</u> than Settlement Currency Int'l _____ <i>(list country funds are being deposited in)</i>	C1 and/or C2, C3, D1 and/or D2, D4, E
Option #7 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR	CAN	B1 to B3, D1, D4, E

<b>Section A: US BANK ACCOUNT INFORMATION</b>											
<i>(select preferable method of transfer)</i>											
<input checked="" type="checkbox"/> ACH Transfer	<i>(required even if not selected)</i>	1	1	1	3	0	1	1	2	2	(ABA #)
<input type="checkbox"/> Wire Transfer	<i>(See Note)</i>										(Fedwire#)
<input type="checkbox"/> BIC/Swift Transfer	<i>(See Note)</i>										(Swift Code: (8 to 11 bytes))
<b>Please Note:</b> 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)											
Bank Account #:		176545				Company Name: <i>(As appears on Bank Account)</i>				Johnson County Treasurer Clearing Account	
Financial Institution Name: First Financial Bank											
City:		Cleburne		State:		TX		Zip/Postal Code:		76033	
Country:		United States									
<input checked="" type="checkbox"/> Checking OR <input type="checkbox"/> Savings											

<b>Section B: CANADIAN BANK ACCOUNT INFORMATION: Transfer Method EFT Only</b>											
B1	Institution Number:				EFT Branch Transit Number:						
B2	BIC/Swift Code: (8 to 11 bytes)										<i>(required if settlement is USD)</i>
B3	Bank Account #					Company Name: <i>(As appears on Bank Account)</i>					
Financial Institution Name:											
City:				Province:				Postal Code:		Country: Canada	
<input type="checkbox"/> Checking OR <input type="checkbox"/> 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 Only)													
C3	IBAN/Bank Account #	_____												
		<i>(IBAN required for all Banking located in European Union Countries)</i>												
	Company Name: (As appears on Bank account)	_____												
	Financial Institution Name:	_____												
	City:	State/Province:	Postal Code:	Country:	_____									
	Special Wire Instructions: (60 bytes) _____													

**Section D: INTERMEDIARY/CLEARING BANK ACCOUNT INFORMATION**

*Note: For transactions clearing through J.P. Morgan Chase in London, Intermediary is not required. Complete Section "C" only.*

D1	BIC/Swift Code: (8 to 11 bytes)													
D2	CHAPS Sort Code: (Required in Great Britain Only)													
D3	Wire Transfer: (USA Only)													
														(Routing #)
D4	Financial Institution Name:	_____												
	City:	State/Province:	Postal Code/Zip:	Country:	_____									
	Special Wire Instructions: (60 bytes) _____													

**Section E: Signature**

"On behalf of Johnson County, I, Debbie Rice, represent and warrant  
(Merchant Legal Name) (Print Name)

that I have the authority to add banking information and I verify that the above banking information is accurate and should be used to transfer funds accordingly."

*Debbie Rice* Johnson County Treasurer 10-15-13  
Authorized Signature\* Title Date

(\*Must be signed by Executive or Financial Contact)

**Note: In order to process this request, please attach an original voided check (starter check or bank statements not applicable) or a bank letter of verification.**

**ATTACH VOIDED CHECK HERE**

**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@johnsoncountytexas.org  
(username@domain.com)

Does this contact have a Paymentech Online User ID?  Yes  No If yes, please provide User ID: \_\_\_\_\_  
Does this User require access to:  Reporting  Transaction History  Both Account Masking  Yes  No  
For existing merchants – Is this User replacing an individual with Paymentech Online Access?  Yes  No  
If yes, who? \_\_\_\_\_ Has this individual left the company?  Yes  No  
For existing – Is this User's access to be mirrored like another User Paymentech Online Access?  Yes  No  
If yes, who? \_\_\_\_\_  
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

City: Cleburne State/Prov: TX Zip/Postal Code: 76033 Country: USA

Email Address: (40 bytes) carolynm@johnsoncountytexas.org  
(username@domain.com)

Does this contact have a Paymentech Online User ID?  Yes  No If yes, please provide User ID: \_\_\_\_\_  
Does this User require access to:  Reporting  Transaction History  Both Account Masking  Yes  No  
For existing merchants – Is this User replacing an individual with Paymentech Online Access?  Yes  No  
If yes, who? \_\_\_\_\_ Has this individual left the company?  Yes  No  
For existing – Is this User's access to be mirrored like another User Paymentech Online Access?  Yes  No  
If yes, who? \_\_\_\_\_  
Account Masking?  First6/Last4 or  Last 4 (select only one)

I, Debbie Rice, Johnson County Treasurer verify that the  
(Print Name) (Title)\*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant access for these contacts to access Transaction History and/or the Report Center.

Debbie Rice

\*(must be signed by Executive or Financial Contact)