

**REQUEST FOR AGENDA PLACEMENT FORM**

**Submission Deadline - Tuesday, 12:00 PM before Court Dates**

SUBMITTED BY: Melyn Thompson TODAY'S DATE: 03/17/2022

DEPARTMENT: Constable Pct 2

SIGNATURE OF DEPARTMENT HEAD: *A.S. Crawford*

REQUESTED AGENDA DATE: 03/28/2022

**SPECIFIC AGENDA WORDING:**

Consideration to approve the Johnson County Constable's Office Pct. 2 to take payment from customers by credit card using Certified Payments, a division of Accelerated Card Company, LLC and authorizing County Judge Roger Harmon to sign the CertPay Bureau Account Setup Form.

**COMMISSIONERS COURT**

**MAR 28 2022**

**PERSON(S) TO PRESENT ITEM:**

Matt Wylie

**SUPPORT MATERIAL:** (Must enclose supporting documentation)

**Approved**

**TIME:**  
(Anticipated number of minutes needed to discuss item)

**ACTION ITEM:** ✓  
**WORKSHOP:**  
**CONSENT:**  
**EXECUTIVE:**

**STAFF NOTICE:**

**COUNTY ATTORNEY:** ✓

**IT DEPARTMENT:**

**AUDITOR:**

**PURCHASING DEPARTMENT:**

**PERSONNEL:**

**PUBLIC WORKS:**

**BUDGET COORDINATOR:**

**OTHER:** ✓

This Section to be completed by County Judge's Office

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE:

\_\_\_\_\_  
**COURT MEMBER APPROVAL:**

\_\_\_\_\_  
**DATE:**



**Sales Representative \***

Forrest Collett



## Bureau Account Setup Form

(Hereafter, Agency/Department is referred to as Bureau) Please complete the following questions to the best of your knowledge. If you need assistance, contact your sales representative or a member of our Account Executive team at 866-539-2020.



### 1. Bureau Location

Please complete the basic location information for your agency/department

**Bureau Name \***

Johnson County, TX Constable Pct. 2  
ex. Harris County, TX Property Tax

**Federal Tax ID \***

75-6001030

**Bureau Description**

Constable Fees  
ex. Online Property Tax Payments, Court Fines and Fees Payments

**Population**

175000  
City or County Population

**Phone \***

(817) 202-2967

**Fax**

**Agency Website \***

**Time Zone \***

Central



**Physical Address (No PO Boxes) \***

247 Elk Dr

Street Address

Rm 209

Street Address Line 2

Burleson

City

Texas

State



76028

Zip Code



**2. Bureau Contact Information**

Please list main contacts and account administrators.

**User Administrator \***

Melyn Thompson

First and Last Name

**Title \***

Office Manager/Clerk

**Email \***

melyn@johnsoncountytexas.org

example@example.com

**Phone Number \***

(817) 202-2967

**Notices and Changes \***

Same as User Administrator

Other

**Chargebacks \***

Same as User Administrator

Same as Notices and Changes

Other



### 3. Bureau Type, Payment Channels and Current Volume

Please provide the type, payment channels and payment volumes for the bureau.

#### Bureau Type \*

- |  |  |
|--|--|
| <input type="checkbox"/> Tax                       | <input type="checkbox"/> Utility                   |
| <input type="checkbox"/> Court/Clerk               | <input type="checkbox"/> Motor Vehicle             |
| <input type="checkbox"/> Justice of the Peace      | <input type="checkbox"/> Parks and Recreation      |
| <input type="checkbox"/> Misc. Government Services | <input checked="" type="checkbox"/> Constable Fees |

#### Payment Channel(s) \*

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Counter (POS)       | <input type="checkbox"/> REST API Integration         |
| <input checked="" type="checkbox"/> Web (Online)        | <input type="checkbox"/> Existing Integration Partner |
| <input type="checkbox"/> IVR (Automated Phone Payments) | <input type="checkbox"/> GenericSTI Integration       |

#### Payment Methods \*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Visa       | <input type="checkbox"/> eChecking/Savings           |
| <input checked="" type="checkbox"/> Discover   | <input checked="" type="checkbox"/> American Express |
| <input checked="" type="checkbox"/> Mastercard |  |

#### Pricing Model

- Service Fee (CertPay)       Agency Absorbed (ACC)

Card Service Fee Rate

2.4

Minimum Service Fee Rate

1.00

**Estimated/Requested Go-Live Date for Selected Payment Channels \***

04-01-2022

ij

Date

**Additional Go-Live/Implementation Details**

<b>Average Ticket Size *</b>	<b>High Ticket Size *</b>	<b>Average Monthly Volume *</b>
85.00	195.00	2500.00
Est. average transaction amt	In previous 12 months	In previous 12 months
<b>High Monthly Volume *</b>	<b>Annual Volume *</b>	<b>Annual Volume (CC)</b>
3000.00	35000.00	0.00
In previous 12 months	Gross Payment Collections	Credit/Debit Card

\*If available, please provide previous processing/merchant statements detailing your current processing volumes.



**4. CertPay Product Customization**

Certified Payments Consumer Web and QuickSTI Counter Payments are customizable in many ways. These options can assist you in accounting for different payment types and applying payments appropriately.

**PAYMENT ITEMS and REFERENCE FIELD**

1. **Payment Items** are added to identify categories or items in a department's fee schedule (Property Tax, Vehicle Tax, Building

Permit, Utility Payment, Business License). The Payment Item Description will appear in the transaction detail and can be added as a column in the Detail Report.

2. The **Reference Field** is a unique identifier for the **Payment Item**, such as Account Number, Permit Number or Citation Number. It can be alpha-numeric and can be limited to the number of characters allowed. If no Reference Field requirements please enter "Not Applicable". The default will state Reference Number.

### 1. Payment Item Description \*

Constable Fees

[ADD MORE](#)

### 2. Reference Field Description \*

Case #

[ADD MORE](#)

## COMMENTS FIELD

An optional Comments Field can be added to each line item during the payment. This is helpful as an additional reference field or customer entered details and will appear in the transaction details and on the Detail Report. The default length is 100 characters.

### Add Comments Field? \*

Yes

### Comments Field Length

100

Default is 100

## PRIVATE LABEL

CertPay Consumer Web allows for custom branding of payment pages with a logo or graphic to match the look and feel of the agency's website. The image must be a **PNG file, 300x300** pixels or less. If you need help creating a PNG file, please contact your Sales Representative or Account Executive.

### Add Private Label? \*

No

### Upload Logo/Graphic

[Browse Files](#)

Must be .png file, 300x300 pixels or less.

**WEB PAYMENT ORIGATION** - If payments should always originate from your hosted site, please list the URL in "Other". Otherwise, choose [www.certifiedpayments.net](http://www.certifiedpayments.net) to allow customers to pay from our site as well.

<http://www.certifiedpayments.net>

Website URL



## 5. Integration and Data Management

Certified Payments REST API and GenericSTI payment interface are available for front and back end integration with agencies and their software partners. If you are interested in this functionality, please choose this as a Payment Channel option.



## 6. POS Equipment Deployment and Installation

Please complete the following information for counter payments. If EMV chip card readers are deployed, an administrative-level technical contact is required to complete installation.

**# of Payment Stations**

1

**Payment Acceptance Hours**

24 HR 7 Days a Week

**# of Magtek USB Card Swipe Devices**

1

**# of Epson TM-T20II Receipt Printer**

0

Purchase order and invoice will be sent separately

**# of Ingenico IPP320 EMV PINPads**

0

Purchase order and invoice will be sent separately



## 7. Bureau Banking Information

The undersigned authority authorizes Certified Payments to deposit ACH credits or initiate wire transfers for the payment of settlements due to and from the Agency Bank Account for such purposes:

**Bank Name**

First Financial Bank

**Bank Contact Name**

Lisa Lemon

**Bank Phone**

(972) 723-7160

**Bank Email**

llemon@ffin.com  
example@example.com

**Bank Address**

403 N Main St  
Street Address

Street Address Line 2

Cleburne  
City

Texas  
State

76033  
Zip Code

**Name as it appears on Agency Bank Account**

Johnson County Treasurer

**Date Bank Account Opened**

03-29-1995   
Approximate Date Opened

**Bank Routing Number**

██████████

**Agency's Bank Account/DDA Number**

██████████

**Please upload a copy of a voided check or bank letter (must be on bank letterhead) on the above-referenced bank account. \***

Browse Files

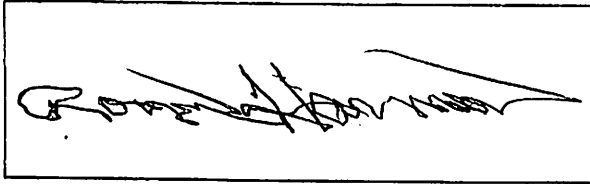
PDF or Image file

Bank Letter.pdf 28.1KB

**AGENCY'S ACCEPTANCE \***

**Date \***





03-28-2022



Agency Signature

Clear

**Name and Title \***

Judge Roger Harmon, Johnson County Judge

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**CERTIFIED PAYMENTS' ACCEPTANCE**

**Date**

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Authorized Representative

**Name and Title**

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