Information Profile for
ACH Financial Transaction Device Acceptance and Processing

This form must be completed for each individual location.

1. AGENCY NAME:	**8. LOCATION NAME:**
2. AGENCY ADDRESS:	**9. LOCATION ADDRESS:**
3. AGENCY CITY:	**10. LOCATION CITY:**
4. MAIN CONTACT:	**11. SECONDARY CONTACT:**
5. TELEPHONE:	**12. TELEPHONE:**
6. EMAIL:	**13. EMAIL:**
7. FAX:	**14. FAX:**

15. SERVICE DESCRIPTION: (Type of program service)

16. DATE SUBMITTED:	**17. EXPECTED "LIVE" DATE:**

18. PROCESSING TYPE: (Check the type of system currently used or planned)

☐ Internet ☐ POS Terminals ☐ Electronic Cash Register ☐ Kiosk

☐ Telephone ☐ Lockbox ☐ IVR

19. GATEWAY PROVIDER:

Name: Telephone/Email/Fax:

Main Contact: Address:

20. ESTIMATED ACH VOLUME:

Annual Amount: Average Transaction:

21. BANK SETTLEMENT INFORMATION:

Bank:	Account Name:
Account Number:	Routing Number:

22. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S BANK STATEMENT? (LIMIT of 10 CHARACTERS)

23. PAYMENT OF FEES:	
24. ACCEPTANCE: Describe agency's payment acceptance requirements, also describe hardware, software, integration, and interface requirements, including any special configuration, implementation/conversion needs. Explain the agency's use of merchant/account numbers. *(Attach additional sheet if necessary.)*	
25. RECONCILIATION: Revenue documents will be automatically generated to deposit the revenue for credit card or ACH transactions.	
26. APPROVED BY TREASURER OF STATE	
By:	Date:
FOR TOS USE ONLY ECAC NUMBER: COMPANY ID: POINT NAME:	

CONTACT FOR PROCESSING & ASSISTANCE IN PREPARATION OF THIS FORM
Office of the State Treasurer
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