

PAYMENT ACCEPTANCE APPLICATION

CENTRAL SQUARE INTERNAL INFORMATION

Prepared for: Aurora IL	Partner ID [REDACTED]	Sales Rep Name: Brittny Byron	Application Date: 09/09/2024
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ORGANIZATION INFORMATION

Organization LEGAL Name (as it appears on the federal tax returns) City of Aurora, Illinois	Tax ID # (required, 9 digits) [REDACTED]
Organization DBA Name (if different from legal name)	Organization Website URL www.aurora-il.org
Organization DBA Physical Address	Organization Legal Address 44 E Downer Place
DBA City, State and Zip Code	Legal City, State and Zip Code Aurora, IL 60507
Organization Phone: 630-256-3510	Chargeback Fax: 630-256-3509
<input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Other Governmental Entity <input type="checkbox"/> I certify that I am a Foreign Entity / Non-Resident Alien (Bankcard Only)	<input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> I certify that I am providing Authorization for the Electronic Issuance of IRS form 1099
<input type="checkbox"/> Partnership <input type="checkbox"/> LLP	

Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (refer to § 9.05 of the Terms and Conditions)

AUTHORIZED OFFICER 1

AUTHORIZED OFFICER 2

Name Christopher A. Minick		Title Chief Financial Officer/Treasurer		Name Lisa N. Zepeda		Title Revenue & Collections Manager	
Residential Address		Email minick@aurora.il.us		Residential Address		Email zepedal@aurora.il.us	
City, State & Zip Code		Phone 630-256-3500		City, State & Zip Code		Phone 630-256-3561	
Social Security Number (SSN) N/A	% Equity Ownership N/A	Date of Birth (MM/DD/YYYY) N/A		Social Security Number (SSN) N/A	% Equity Ownership N/A	Date of Birth (MM/DD/YYYY) N/A	

BANKCARD DISCLOSURE

IMPORTANT MEMBER BANK (ACQUIRER) REPOSIBILITIES	IMPORTANT ORGANIZATION RESPONSIBILITIES	MEMBER BANK (ACQUIRER) INFORMATION
<ol style="list-style-type: none"> An American Express / Discover / Mastercard / Visa Member is the only entity approved to extend acceptance of American Express / Discover / Mastercard / Visa products directly to an organization. An American Express / Discover / Mastercard / Visa Member must be a principal (signer) to your Processing Agreement. The American Express / Discover / Mastercard / Visa Member is responsible for educating Organization on the pertinent American Express / Discover / Mastercard / Visa Operating Regulations with which the Organization must comply. The American Express / Discover / Mastercard / Visa Member is responsible for and must provide settlement funds to the organization. The American Express / Discover / Mastercard / Visa Member is responsible for all funds held in reserve that are derived from settlement. 	<ol style="list-style-type: none"> Ensure compliance with cardholder data security and storage requirements. Maintain Fraud and Chargeback rates below the thresholds. Review and Understand the terms of the Processing Agreement Comply with American Express / Discover / Mastercard / Visa Operating Regulations. 	Acquirer Name: BMO Harris Bank Acquirer Address: 8500 Governor's Hill Drive Acquirer City: Cincinnati Acquirer State, Zip: OH 45249 Acquirer Phone: 847-240-6600

Organization Signature	Organization's Authorized Officer Printed Name Christopher A. Minick	Organization's Authorized Officer Title Chief Financial Officer/Treasurer	Date
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UNDERWRITING PROFILE

Bankcard					
Transaction Volume		Method of Sales (Total Must = 100%)			
Monthly Volume \$ 4 Million	Average Transaction \$ 150.00	Highest Transaction \$ 40,000.00	Card Present – Swiped 10 %	Card Present – Keyed 5 %	Card Not Present 85 %
Business Type	<input checked="" type="checkbox"/> Internet	<input checked="" type="checkbox"/> Card Not Present	<input checked="" type="checkbox"/> Card Present		

ACH			
Monthly Volume \$ 675,000	Average Transaction \$ 225.00	Highest Transaction \$ 25,000.00	Average # of Check/ACH 3,000

Billing Questionnaire (Explain your billing policy)	
Describe products or services sold? Utilities, fines, taxes, and fees for government services	
If product/service delivery requires recurring billing, explain available billing options: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
Is any part of your organization outsourced to a third-party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	

ACH PROFILE

ACH Transaction Descriptor for Consumer Bank Statement	
Organization Name:	Organization Billing Department Phone:

BANKCARD PROFILE

Card Types:	<input checked="" type="checkbox"/> VISA	<input checked="" type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Discover	<input checked="" type="checkbox"/> American Express	<input checked="" type="checkbox"/> Debit
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By checking this box, Organization Opts Out of receiving future commercial marketing communications from American Express®. Note that you may continue to receive marketing communications while American Express® updates it's records to reflect your choice. Opting Out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express®.

PRICING MODEL OPTIONS

<input checked="" type="checkbox"/> Interchange Absorption – Fees Paid by Organization	<input type="checkbox"/> Fixed Fee Absorption – Fees Paid by Organization	<input type="checkbox"/> Convenience/Service Fee Absorption – Fees Paid by Organization & Citizen	<input checked="" type="checkbox"/> Convenience/Service Fee – Fees Paid by Citizen
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SCHEDULE OF FEES

Processing Fees	Amount
Visa®, Mastercard®, Discover®, PIN Debit, and American Express® OptBlue (Pass Through: Interchange Fees, Dues & Assessments/Card Association, Processor, and 3rd Party Fees)	Pass Through
Acquiring Fee (Interchange Plus)	0.15%
Visa, Mastercard, Discover, and American Express (Interchange Plus)	\$0.15
PIN Debit (Interchange Plus)	\$0.15
eCheck/ACH/EFT	\$0.50
Convenience Fee for Web Channel (No Cost to Organization):	
Fee to Citizen per online transaction	\$3.25
Fee to Citizen per online eCheck/ACH transaction	\$0.99
Service Fee for qualifying departments (No Cost to Organization):	
Fee to Citizen per card transaction (online and over-the-counter)	3.00%
Fee to Citizen per online eCheck/ACH transaction	\$0.99
Other Fees	Amount
Monthly Support	INCLUDED
Monthly Minimum	WAIVED
Monthly Program Fee (per Organization) (includes e-statement)	\$15.00
Chargeback (per occurrence)	\$15.00
ACH Returns (per occurrence)	\$2.50
PCI Program Monthly Fee (per Organization)	\$25.00
PCI Monthly Non-Compliance Fee (if applicable)	\$95.00
Hardware – Shipping not included	Amount
QTY: Ingenico Lane 5000 Point-of-Sale Terminal -Power Cord / Ethernet / POE Cable Included	\$499.00
QTY: Ingenico Move 5000 Point-of-Sale Terminal -Power Cord / Ethernet / POE Cable Included – 4G Cellular	\$739.00
QTY: 15 Ingenico Lane 7000 Point-of-Sale Terminal -Power Cord / Ethernet / POE Cable Included	\$599.00
QTY: Ingenico Lane 8000 Point-of-Sale Terminal -Power Cord / Ethernet / POE Cable Included	\$699.00

ACH AUTHORIZATION

ACH Debit/Credit Authorization: The Organization named below hereby authorizes Paya, Inc. in accordance with this Agreement to initiate debit/credit entries to Organization’s checking account, as indicated per the attached copy of a voided check from same. The authority is to remain in full force and effect until (a) One hundred and twenty (120) days after Paya, Inc. has received written notification from Organization of its termination in such a manner as to afford Paya, Inc. reasonable opportunity to act on it, and (b) all obligations of Organization to Paya, Inc. that have arisen under this Agreement have been paid in full.

Bank Name: Old Second National Bank

Depository: Organization’s batch activity will be put into this account.	Routing #: ██████████	Account #: ██████████
Fees: Organization’s monthly fees / necessary charges will be taken from this account.	Routing #: ██████████	Account #: ██████████

PCI DECLARATION

Check here to confirm that the Organization agrees to comply with its obligations under PCI-DSS (see section 2.05 of the Terms and Conditions).

CERTIFICATION AUTHORIZATION

By signing below, the Organization named: (1) certifies to Paya that it is authorized to execute and deliver this Payment Acceptance Application, (2) and the person executing on behalf of the Organization is authorized to do so, (3) authorizes Paya to verify any of the information given, including credit references, and to run verification checks on the Organization; and (4) confirms it is advised by executing this form, it certifies that the information provided is true and complete. Any incorrect or omitted information may prevent the Organization from being approved, or if approved, may be grounds for immediate termination.

Organization Name	City of Aurora, Illinois		
Authorized Officer (1)			
Signature	Printed Name Christopher A. Minick	Title CFO/Treasurer	Date
Authorized Officer (2)			
Signature	Printed Name Lisa N. Zepeda	Title Revenue & Collections Manager	Date

OFFICIAL PAYA USE ONLY

Authorized Paya Signature X	Printed Name	Title	Dated
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Not valid unless approved and signed by authorized officer of Paya, Inc.