

**INSTRUCTIONS FOR  
INFORMATION PROFILE FORM  
FINANCIAL TRANSACTION DEVICE PROCESSING**

THE PURPOSE OF THE FORM IS TO PROVIDE INFORMATION FOR SET-UP OF STATE AGENCIES TO FINANCIAL INSTITUTION PROCESSING SYSTEMS. THIS FORM MUST BE COMPLETED FOR EACH INDIVIDUAL LOCATION AND MAY BE SENT BY EMAIL TO THE ADDRESS SHOWN IN ITEM 31.

ITEM NUMBER:

1. AGENCY NAME.  
Name of the state agency, department, or other state entity.
- 2-3. AGENCY ADDRESS.  
The mailing address for the state agency, department, or other state entity.
- 4-7 . AGENCY CONTACTS.  
The name of the individual who coordinates the agency's financial transaction device program.
- 8-14. LOCATION NAME.  
The names of the location where payments are received with appropriate contact information. For Point of Sale payments this would be the physical address, for Internet payments include the URL address.
15. SERVICE DESCRIPTION.  
Provide information on state expenses collected.
16. DATE SUBMITTED.  
Enter the date this form is submitted.
17. EXPECTED "LIVE" DATE.  
Enter the date payments are expected to be received at this location.
18. TRANSACTION TYPE ACCEPTED.  
Specify the types of payments to be accepted. eChecks mean payment by ACH over the Internet. Check conversion means conversion of checks at the point of sale or remittance processor to an ACH Debit.
19. PROCESSING TYPE.  
The method for accepting payments at this location under the financial institution's system.

20. ESTIMATED ANNUAL CREDIT CARD VOLUME.  
Specify the annual amount and average transaction size for this location.
21. ESTIMATED ACH VOLUME.  
Specify the annual amount and average transaction size for this location.
22. NEW ACCOUNT.  
Is this a new account for this agency or location? Is there an existing merchant number?
23. EXISTING MERCHANT NUMBER.  
If there an existing merchant number enter it here.
24. SETTLEMENT INFORMATION.  
If necessary, state entities should include the appropriate banking information.
25. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S BANK STATEMENT? (10 CHARACTERS)
26. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S CREDIT CARD STATEMENT? (22 CHARACTERS)
27. PAYMENT OF FEES.  
For state agencies fees will be paid by invoice. The agency should specify the appropriate mailing address for the invoice.
28. ACCEPTANCE.  
Describe the agency's payment process. Include appropriate information for set-up, including hardware and software. Describe any special configuration for account and merchant numbers.
29. RECONCILIATION.  
Provide information that will assist the Office of Budget and Management's revenue reconciliation requirements.
30. APPROVED BY TREASURER OF STATE.  
Forms must be sent to the Treasurer of State for approval.
31. CONTACTS FOR PROCESSING AND ASSISTANCE INPREPARATION OF THIS FORM.  
This section prescribes contact information for Treasurer of State and financial institutions.