

**Information Profile for  
Financial Transaction Device Acceptance and Processing**

*This form must be completed for each individual location*

<b>1. AGENCY NAME:</b>	<b>8. LOCATION NAME:</b>
<b>2. AGENCY ADDRESS:</b>	<b>9. LOCATION ADDRESS:</b>
<b>3. AGENCY CITY:</b>	<b>10. LOCATION CITY:</b>
<b>4. MAIN CONTACT:</b>	<b>11. SECONDARY CONTACT:</b>
<b>5. TELEPHONE:</b>	<b>12. TELEPHONE:</b>
<b>6. EMAIL:</b>	<b>13. EMAIL:</b>
<b>7. FAX:</b>	<b>14. FAX:</b>
<b>15. SERVICE DESCRIPTION:</b> (State expenses and general program service)	
<b>16. DATE SUBMITTED:</b>	<b>17. EXPECTED "LIVE" DATE:</b>
<b>18. TRANSACTION TYPE ACCEPTED:</b> MasterCard___ Visa___ American Express___ Discover___ ACH___	
<b>19. PROCESSING TYPE:</b> (Check the type of system currently used or planned) Internet___ POS Terminals___ Electronic Cash Register___ IVR___ Telephone___ Lockbox___	
<b>20. ESTIMATED ANNUAL CREDIT CARD VOLUME:</b> Annual Amount: _____ Average Transaction: _____	
<b>21. ESTIMATED ACH VOLUME:</b> Annual Amount: _____ Average Transaction: _____	
<b>22. NEW ACCOUNT:</b>	<b>23. EXISTING MERCHANT NBR:</b>
<b>24. SETTLEMENT INFORMATION:</b>	
Bank: _____	Routing Number: _____
Account Number: _____	
<b>25. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S BANK STATEMENT?</b> (10 CHARACTERS)	
<b>26. HOW WOULD YOU LIKE YOUR AGENCY NAME TO APPEAR ON THE CUSTOMER'S CREDIT CARD STATEMENT?</b> (22 CHARACTERS)	

**27. PAYMENT OF FEES:**

**28. 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)*

**29. RECONCILIATION:** Revenue documents will be automatically generated to deposit the revenue for credit card or ACH transactions. Contact Greg Miller at OBM (614-338-4741) for chart field setup information.

**30. APPROVED BY TREASURER OF STATE**

By:

Date:

**31. CONTACT FOR PROCESSING AND ASSISTANCE IN PREPARATION OF THIS FORM**

**Office of the State Treasurer**

Mail, Fax, or Email to:

Stephanie Motley  
Revenue Management  
30 E. Broad Street 9th Floor  
Columbus, Ohio 43215

Telephone: (614) 728-6880

Email: [Stephanie.motley@tos.ohio.gov](mailto:Stephanie.motley@tos.ohio.gov)