



K-12 MERCHANT PROCESSING AGREEMENT
 Card Only ACH Only Dual

HEARTLAND CONTACT INFORMATION

RM: _____ Phone: 800-423-2113 Fax: 585-227-8594
 Affiliate/Partner ID : _____ Affiliate Name: _____ Current MID: _____

COMPANY INFORMATION

Merchant DBA Name: _____ DBA Phone#: _____
 Address: _____ # Locations: N/A
 City: _____ State: _____ Zip: _____
 CS Phone #: 800-803-6755 Fax #: 585-227-8594
 Primary Contact Name: _____ Phone #: _____
 Secondary Contact Name: (optional) _____ Phone #: (optional) _____
 Email Address: HSSActivations@e-hps.com
(Heartland InfoCentral Admin User Email Address)
 Email Contact: First Name: HSS Admin Support Last Name: N/A
 Website Address: _____
 District Name: _____ Federal Tax ID / EIN: _____
(Please Complete – Must correspond with IRS Filing Name) (Must correspond with Legal Name)
 Address: same as above Phone #: same as above
 City: same as above State: same as above Zip: same as above

CARD FEE SCHEDULE

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	Annual Volume: \$25,000	Average Ticket: \$45
Visa	0%	200¢	0¢ 0¢		<input type="checkbox"/> Service Fee (Pass Through/Single Transaction) <input type="checkbox"/> COST PLUS	High Ticket: \$45
MasterCard	0%	200¢				
Discover/JCB	0%	200¢				
PIN Debit*					*Plus Applicable Debit Network Fees	

RECURRING FEES

Chargeback Fee:	\$0	Voice Authorization Fee:	\$0	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Daily Net
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SETTLEMENT

INTERCHANGE QUALIFICATION

CARD ACCEPTANCE

DEPOSIT METHOD

<input checked="" type="checkbox"/> MOTO / Internet <input type="checkbox"/> Retail <input type="checkbox"/> Small Ticket	<input checked="" type="checkbox"/> All Cards Accepted	<input checked="" type="checkbox"/> Standard
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ACH FEE SCHEDULE

Transaction Fee (Dial or IP)	0¢	200¢	Annual ACH Volume: \$2,500	Average ACH Amount: \$21.00
Monthly Fee		\$ 0	Average # of ACH Transactions per Month: 40	
Return Item Fee		\$ 0	Max ACH Limit: 120.00	
Re-presentation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Limitation of 2 per NACHA guidelines)			Re-presentation Fee: \$N/A
<input checked="" type="checkbox"/> K12-OnePay Program Fee: Single: \$12.95 Multi: \$26.95			ACH Settlement Method: <input checked="" type="checkbox"/> Daily Net <input type="checkbox"/> Monthly Net	

MERCHANT DETAIL

Type of Business: <input type="checkbox"/> Public <input type="checkbox"/> Private	Date Business Started: 01/01/1900	Business is Conducted: 100% Consumer
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C.	Do you process web based sales through HPS: Yes	
Has your business experienced a cardholder account data compromise: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what was the date of the compromise: <u>N/A</u> <small>Note: A copy of the completed Forensic Investigation is required with Application.</small>	
What Products and / or Services do you provide: Payment for nutrition and school fees		
Is there a peak week / date in the month for processing recurring transactions: (i.e., 1 st and 15 th):		N/A
Define your Refund Policy: Managed by Heartland School Solutions		

MERCHANT DETAIL (continued)			
Sales Method		Card Processing Method	
On Premise Face to Face Sales	0%	Mail Order Sales	0%
Off Premise Face to Face Sales	0%	Real-Time Internet	0%
Inbound Telephone Order Sales	0%	Internet (keyed)	100%
Outbound Telephone Order Sales	0%	Recurring Billing	0%
		Total = 100%	
		ACH Processing Method	
		PPD 0%	WEB 100%
What percentage of your Bankcard volume is future delivery		0 %	CCD 0% TEL 0%

STATEMENT OPTIONS		DISPUTE LETTERS	
Statement Type:	<input checked="" type="checkbox"/> Standard	Mail Options:	<input type="checkbox"/> Legal <input checked="" type="checkbox"/> DBA
Mail Statements To:	<input checked="" type="checkbox"/> Suppress Stmtms <input type="checkbox"/> District	Electronic Options*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax (*Select mail option as backup)
<input checked="" type="checkbox"/> All Electronic Communications (Including ACH Returns):			
<input checked="" type="checkbox"/> Same Email as InfoCentral <input type="checkbox"/> Preferred Email Address:HSSActivations@e-hps.com			

AUTHORIZED SIGNER(S) INFORMATION			
(1) District/Authorized Signer Name:		Title:	
SSN: N/A		Driver's License #:	N/A
Home Address N/A	City: N/A	ST: N/	Zip: N/A
(2) District/Authorized Signer Name: (Optional)		Title: (Optional)	
SSN: N/A		Driver's License #:	N/A
Home Address: N/A	City: N/A	ST: N/	Zip: N/A

DEBIT / CREDIT AUTHORIZATION			
By signing below, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings/GL Account and validates the accounts are in good standing. This authority shall remain in full force until (a) Acquirer has received written notification from Merchant of its termination; and (b) all obligations of Merchant to Acquirer under this Agreement have been paid in full.			
Depository Bank Name:		Phone #:	
City:		ST:	Zip:

CARD	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	
FUNDS TRANSFER METHOD	<input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input checked="" type="checkbox"/> Both	

	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	
FUNDS TRANSFER METHOD	<input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input type="checkbox"/> Both	N/A

ACH	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	
FUNDS TRANSFER METHOD	<input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input checked="" type="checkbox"/> Both	

	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	
FUNDS TRANSFER METHOD	<input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input type="checkbox"/> Both	N/A

AGREEMENT ACCEPTANCE, CERTIFICATION and CONSUMER REPORT AUTHORIZATION		
Has your District filed Bankruptcy, had Judgments or Liens within the last 3 years: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Merchant authorizes Acquirer, reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of this Application. I further certify that I have received, read, understand and agree to the Merchant Processing Agreement Terms and Conditions which together with this application shall constitute the agreement(s) between the parties. I further certify that this business or any Owner/Officer/Authorized Signer has never been terminated as a Visa, MasterCard, Discover or American Express Merchant.		
X		
(1) Authorized Signer Signature	Print Name & Title	Date
X	(Optional)	
(2) Authorized Signer Signature	Print Name & Title	Date
X	N/A	
Witness Signature	Print Name & Title	Date
THE TERM OF THIS AGREEMENT IS 36 MONTHS		



Terms & Conditions Acknowledgement

“Merchant” acknowledges that Heartland Payment Systems, Inc. (“Heartland”) has provided it with a copy of the Card Acceptance Policies, Procedures, Terms & Conditions (the “Terms and Conditions”) and the Merchant Application, which together make up the entire agreement between the parties. Merchant has read, understands, and agrees to be bound by the Terms and Conditions, as may be amended from time to time. Merchant acknowledges that the Terms and Conditions are a fundamental part of the parties’ agreement without which Heartland would not be able to enter into an agreement with the Merchant. The Terms and Conditions can be reviewed at any time by visiting the Heartland InfoCentral at www.HeartlandInfoCentral.com. In addition, Merchant can request another copy of the Terms and Conditions at any time by sending a written request for a copy to Heartland at the following address:

Heartland Payment Systems; Attn: Customer Care; One Heartland Way; Jeffersonville IN 47130

_____	_____	_____
Merchant Signature	Printed Name	Date
	(optional)	
_____	_____	_____
Merchant Signature	Printed Name	Date

Site Inspection

I hereby verify that (check one)

- This District and their locations have the proper facilities, equipment, inventory, and proper accreditation certificates required to conduct the business.
- I was not reasonably able to complete a Site Inspection of the Merchant at this Address, and the information stated below is correct to the best of my knowledge and belief. Please explain why a site inspection could not be performed:

_____	_____	_____
Inspected By: Signature	Printed Name	Date

It is required that the following questions be completed.

- Is business signage present: Yes No Describe signage: N/A
- Number of Terminals: N/A Locations: N/A Are card acceptance logos displayed for easy view: Yes No
- If this is an additional location to an existing HPS merchant under the same District, was a site inspection performed on any of the locations? Yes No