

# American Express Merchant Card Participant Setup Form American Express / State of NC

## **INSTRUCTIONS**

1. This Setup Form is to be completed by an entity desiring to be a participant in the American Express Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and American Express. Only one Participant Setup Form is to be completed by each participant (also referred to as a "chain"), providing information about the participant (entity). For each merchant number (also referred to as an "outlet") that the entity may be setting up, an additional supplemental form (American Express Merchant Card Outlet Setup Form) is also to be completed. The forms together provide information necessary for OSC staff, American Express staff, and First Data Merchant Services (FDMS) staff to establish the appropriate setups on various systems (Merchant numbers, billing information, statement rendering, etc). They also provide the appropriate contact information for OSC regarding the business contact person, and the technical contact person for technical / security matters.
2. In addition to the execution of this American Express Participant Setup Form, the participant must complete an American Express "Agency Participation Agreement (APA)," to be executed by the Chief Fiscal Officer (1-OSC; 2-DST; 3-American Express Merchant Services; 4-Participant).

## **Participant Information and Chief Fiscal Officer**

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email ID: \_\_\_\_\_

## **Participant Category**

**Select one of the following:**

- 541 - General Govt. Agency     547 - University     547 - Community College  
 542 - Local Unit of Government     775 - LEA

Comment: \_\_\_\_\_

### Primary Contacts

Business Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Technical Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

### Existing Fiser/First Data Chain Number

Existing Fiserv/First Data Chain Number: \_\_\_\_\_

### Central Billing Information

Complete this section if American Express invoices for all merchant numbers (outlets) are to be remitted to a central billing address. If multiple mailing addresses do not complete this section, but indicate the mailing address on each Outlet Setup Form.

**Select one of the following and complete financial address information:**

(Complete only if central billing)

**Standard: One invoice.** Roll-up invoicing, showing separate itemization for each merchant number;

Or

**Separate invoice** for each merchant number (but mailed to central billing office)

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email ID: \_\_\_\_\_

**Bank Settlement Account Information**

Select one of the following depository banks for settlement of funds:

Wells Fargo Bank;                       Other Bank (Name: \_\_\_\_\_)

T/R# 121000248                      9-Digit T/R-Routing # \_\_\_\_\_

Note: American Express provides funding within 48-hours following receipt of batch for all participants. The Dept of State Treasurer normally pays the bank fees for General Govt. Agencies and Universities. See separate instructions regarding accessing the bank account via the bank's online system.

Settlement Bank Acct #: \_\_\_\_\_

Other Request / Comment: \_\_\_\_\_

**Required Signature – Participant’s Chief Fiscal Officer**

The signature of the participant’s chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: \_\_\_\_\_

Chief Fiscal Officer’s Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Participant’s American Express Chain Number**

Chain Number/CAP # assigned by American Express: \_\_\_\_\_  
(Only one per participant)

This is not the same as the chain number assigned by FDMS.

Note: One or more “outlet merchant numbers” (which may be used for different lines of business or locations within the agency) will be assigned to the participant’s single “chain number,” with each rolling up to the “chain number.” For each “Merchant Outlet Setup Form” that is submitted, a unique “outlet merchant number” will be assigned.

**For OSC Use Only**

**For American Express Establishment Services Use Only**

**MAP # 4321267833**

**DAILY GROSS PAY WITH MONTHLY INVOICE FOR FEES – FEES NOT ALLOWED TO BE DEBITED FROM ACCOUNT PER STATE OF NC**

REPORTING:      AMEX ONLINE MERCHANT SITE                      PAPER STATEMENTS

ORIGIN CODE = \_\_\_\_\_

TMID = \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For FDMS Use Only**