

Merchant Outlet Setup Form

First Data Merchant Services LLC / State of NC

INSTRUCTIONS

1. This Merchant Outlet Setup Form pertains to participants in the Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and First Data Merchant Services LLC/Fiserv (FDMS). A separate Outlet Setup Form is to be completed for each merchant number (outlet) desired to be established by a particular participant. The forms together provide information necessary for OSC staff, DST staff, and FDMS staff to establish the appropriate setups on various systems (Merchant numbers, ClientLine, Capture Method, Settlement bank account, Depository Bank Online access, billing information, statement rendering, etc).
2. Before completing this Outlet Setup form, ensure you have executed and have on file with OSC an:
 - Agency Participation Agreement
 - Merchant Card Participant Setup Form(Only one of each is required, regardless of the number of merchant numbers (outlets) assigned).
3. The "Chain Number" is the single identifying number that was provided, or will be provided, to the Participant's chief fiscal officer as the result of completing the "Merchant Card Participant Setup Form." All outlet merchant numbers for the agency will roll-up to this Chain merchant number.
4. An "outlet" is a line of business or a revenue-generating operation of an agency and may be equated with a separate line of business, division, branch office, etc.
5. The 24-character "Merchant Name" to the outlet, also referred to as the "Doing Business As" (DBA) name will be used to set-up the outlet in ClientLine. The DBA name will also be the name that appears on a cardholder's statement to identify the merchant with which a transaction was charged.
6. After submission of this Outlet Setup Form, FDMS will provide the following information through DocuSign:
 - Outlet Merchant Number. Generally available within 3-5 business days after submission of set-up form to FDMS.
 - Terminal-ID. Generally available within 2-3 business days after generation of the Outlet Merchant Number.
7. Additional forms may need to be completed in conjunction with this Outlet Setup form, if applicable (One form may be completed for multiple outlets):
 - ClientLine Enrollment Form – First Data's online reporting tool to analyze payment processing data. Complete the form to add new users at the merchant number level or chain level. The ClientLine Form is also used to assign new users in Commerce Hub.
 - Paypoint Gateway Service boarding forms
 - Wells Fargo CEO User ID Change Form (For State agency participants depositing w/ State Treasurer)
 - American Express Outlet Setup Form
8. For assistance, contact OSC's Support Services Center, telephone (919) 707-0795 or email osc.form.merchantcard@ncosc.gov.

Participant's Chain Information

Participant Name: _____
(Should be the same as on the Merchant Participant Setup Form)

Tax ID: _____ Existing Chain Number: _____
(If a new participant and there is no existing chain merchant number, one will be assigned by FDMS.)

Outlet Profile Information

Outlet Name: _____ (Limited to 24 characters)
Line of business, division, branch office, etc. This is also referred to as the "Doing Business As" (DBA) name and will appear on the cardholder's account statement to identify the merchant that performed the transaction.

Tax ID (if different from chain tax id): _____

Description of transactions: _____ (Taxes, fees, tuition, etc)

Estimate of annual volumes: Number of transactions: _____ Dollar Volume: _____

Anticipated Average Ticket Transaction Size: _____

Cards to be accepted: Visa; MasterCard; American Express; Discover; Debit
Note: Acceptance of Amex requires execution of separate APA, Participation Setup Form and Outlet Setup Form – See SECP webpage for forms

Capture Method

Select and complete the ones that apply:

- Point of Sale Terminal(s) – Stand-alone terminal(s) using **analog telephone line****
- Point of Sale Terminal(s) – Stand-alone terminal(s) **connected to the internet****
- Point of Sale Terminal -- Wireless**
- Point of Sale Terminal(s) with POS Software; Name of Software: _____
Version Number: _____
- Clover Device**
- Clover Station Printer**
- P2PE Terminal with Snap Pay**
- CardConnect Gateway
- PayPoint Gateway Service
- Commerce Hub (Formerly Payeezy Gateway)***
- Third-Party Gateway Service. Desired Platform (if known): _____
- Convenience Fee Service
- Managed Convenience Fee
- Other: _____ URL (website): _____

* All capture methods involving outward facing IP addresses may require scanning through MegaPlanIt for PCI Data Security Standard compliance purposes.

* FDMS assigns one or two other identifiers that are associated with an outlet (merchant) number.

** Order in the Equipment section below using the drop-down boxes at Name & Model.

*** Commerce Hub requires User setups. Please use the Clientline form to request access. Access is assigned to Commerce Hub for reporting and Virtual Terminal to Initiate Transactions and to perform Voids and Refunds.

Outlet Contact

Contact Name: _____
Title: _____
Main Address: _____
City: _____
State: _____
Zip: _____
Phone: _____ Fax: _____

Customer Service Information

Phone: _____
Email: _____
URL: _____

Billing Information – For FDMS monthly invoices**Complete Billing Information and Select Billing Option and Delivery Method:**

Participant Name: _____
Main Address: _____
City: _____
State: _____
Zip: _____
Attention: _____
Phone: _____ Fax: _____
Email: _____

- Centralized Billing – Invoices roll up under the Merchant Chain Number
or
 Decentralized Billing – Individual invoices for the Merchant Outlet

Invoice Delivery Method:

- Email (Invoices emailed to address listed above.)
 Mail (Mailed to billing address listed above.)

Shipping Information – Equipment only

Indicate the address to which terminals are to be shipped.

Participant Name: _____

Shipping Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

Equipment

Select one of the following: NEW Terminal **NOT** a replacement; Replacing an existing terminal that is owned; Replacing an existing terminal being rented or leased (Will request 'Call Tag' to return)

Equipment Type (e.g., terminal, pinpad)	Purchase / Rent / Lease	Quantity	Name & Model	TID of Terminal Being Replaced

Additional Information for First Data regarding equipment:

Will the participant be utilizing First Data's TransArmor product with the point-of-sale equipment?
(TransArmor is required on all Clover products.)

Yes No

Settlement Bank Account Information

Select or enter a depository bank for settlement of funds:

Wells Fargo Bank; Other Bank (Name: _____)

T/R# 121000248 9-Digit T/R-Routing # _____

Select and complete the item(s) that apply:

Will use existing account - Settlement Bank Acct #: _____

Request the establishment of a **new** settlement bank account
(State Agency participant only)

Note: Participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account. Agency must then certify the funds on CMCS. Specify the CMCS Group ID# to be certified under: _____

Also, specify if either: a new CIT bank number is needed to be assigned by DST; or an existing CIT bank number will be utilized: _____

Will arrange for the establishment of a **new** settlement bank account – *directly with participant's bank*
(Non-State agency participant only)

Note: Participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct #: _____

Alternately, the funds may settle directly to the participant's existing local main DDA: _____

Debit Blocks – All accounts are set up with debit blocks unless otherwise instructed. Please list any Company IDs that should be allowed to debit the bank account. (First Data's *Company ID 9000000002* is required for First Data to debit the account for negative batches and chargebacks.)

Company Name: _____

Company ID #: _____

Required Signature – Authorized Procurement Officer – Equipment Only

Completion and submission of this form indicates that all applicable procurement requirements are being adhered to, and that funds are available to support the purchase / rental / lease.

Participant Name: _____

Procurement Officer: _____

Title: _____

Signature: _____

Date: _____

Name of Participant Official Submitting this Outlet Setup Form

The individual below asserts that he/she has the authority to request the establishment of a merchant number for the above referenced application. If needed, additional information can be inserted below.

Preparer's Name: _____

Title: _____

Telephone Number: _____

Email: _____

Additional Participant Setup Information: _____

For OSC Use Only

For FDMS Use Only

FDMS Use Only: The Merchant number assigned to this outlet by FDMS is: _____