

Merchant Card Participant Setup Form **SunTrust Merchant Services / State of NC**

INSTRUCTIONS

1. This Setup Form is to be completed by an entity desiring to be a participant in the Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and SunTrust Merchant Services (STMS). 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 (Merchant Card Outlet Setup Form) is also to be completed. The forms together provide information necessary for OSC staff, DST staff, and STMS 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). 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 Participant Setup Form, the participant must complete an “Agency Participation Agreement (APA),” to be executed by the Chief Fiscal Officer (1-Participant; 2-OSC; 3-DST; 4 -SunTrust Merchant Services).
3. The Participant should also fill out a Coalfire Enrollment Form. All participants currently enrolled or desiring to enroll in the Merchant Card Master Services Agreement that OSC has with SunTrust Merchant Services (STMS) are required to also enroll in Coalfire to allow the participant to be “validated” as being “compliant” with the PCI Data Security Standard (PCI DSS).
4. The APA and Coalfire Enrollment Forms should be completed through DocuSign.

Participant Information and Chief Fiscal Officer

Participant Name: _____
Main Address: _____
City: _____
State: _____
Zip: _____
Federal Tax ID: _____
Fiscal Officer: _____ Email: _____
Phone: _____ Fax: _____

Participant Category

Select **one** of the following:

General Govt. Agency; University; Community College; Local Unit of Govt; LEA

Comment: _____

Primary Contacts

Business Contact: _____
Title: _____
Phone: _____ Fax: _____
E-mail: _____

Technical Contact: _____
Title: _____
Phone: _____ Fax: _____
E-mail: _____

The PCI Data Security Standard contact may be either one of the above, or someone different.

PCI DSS Contact: _____
Title: _____
Phone: _____ Fax: _____
E-mail: _____

Central Billing Information

Complete this section if STMS 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 address information:

- Separate invoice for each merchant number (but mailed to central billing office); or
- Roll-up invoicing for all merchant numbers.

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

Bank Settlement Account Information

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

- Wells Fargo Bank; T/R# 121000248
- SunTrust Bank; T/R# 061000104
- Other Bank (Name: _____)
9-Digit T/R-Routing #: _____

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.) All accounts are set up with debit blocks unless otherwise instructed.

Company Name: _____

Company ID #: _____

Note: Wells Fargo Bank and SunTrust Bank both provide next-day funding for all participants. See separate instructions regarding accessing the bank account via the bank's online system.

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: _____

Other Request / Comment: _____

Note: DST will notify the participant whenever the request has been acted upon, if applicable.

Required Signature – Participant's Chief Fiscal Officer or Designated Official

The signature of the participant's chief fiscal officer or designated official 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 or Designated Official's Name: _____

Title: _____

Signature: _____

Date: _____

Participant's Chain Number – For STMS Use Only

Chain Number assigned by STMS: _____ (Only one per participant)

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 DST Use Only

For SunTrust Merchant Services Use Only