

CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: April 26, 2021

AGENDA ITEM:	
Supplemental Agreement No. 1 to Professional Services Agreement with Billing Document Specialists.	
PREPARED BY:	DIRECTOR APPROVAL:
John Nield, Financial Operations Manager	
DEPARTMENT:	
Utility Billing	
ATTACHMENTS:	
Billing Agreement with Card Connect, Profit Stars through Drive Payments	
BUDGET CODE:	AMOUNT:
00143523.541000	
SUMMARY:	

The supplemental agreement changes the billing process from automatic clearing house (ACH) transaction to an invoice process. This will allow review of the invoice and not let the vendors have direct access to the City's Bank Account for withdrawals. Changing this process requires authorization for Card Connect (Credit Card Processing) and Profit Stars (Electronic Check) to allow Drive Payments (Payment Processor for BDS) to invoice the City of Marysville monthly for charges related to Credit Card Processing Fees from Card Connect and Electronic Check Processing from Profit Stars through our payment processor Drive Payments.

<p>RECOMMENDED ACTION: Staff recommends that Council authorize the Mayor to sign and execute Supplemental Agreement No. 1 between the City of Marysville and Billing Document Specialists including Drive Payments, Card Connect and Profit Stars._____.</p> <p>RECOMMENDED MOTION: I move to authorize the Mayor to sign and execute Supplemental No. 1.</p>

**SUPPLEMENTAL AGREEMENT NO. 1 TO
PROFESSIONAL SERVICES AGREEMENT BETWEEN
CITY OF MARYSVILLE
AND BILLING DOCUMENT SPECIALISTS**

THIS SUPPLEMENTAL AGREEMENT NO. 1 (“Supplemental Agreement No. 1”) is made and entered into as of the date of the last signature below, by and between the City of Marysville, a Washington State municipal corporation (“City”) and Billing Document Specialist, a division of Walli Information Systems, an Idaho Privately Held Coporation (“Consultant”).

WHEREAS, the parties hereto have previously entered into an agreement for bill printing, lockbox services, online bill presentment, online bill payment and phone payment services (the “Original Agreement”), said Original Agreement being dated December 1, 2020; and

WHEREAS, both parties desire to supplement the Original Agreement, by expanding the Scope of Services to provide for an amendment to the merchant processing agreement and to provide compensation therefore;

NOW THEREFORE, in consideration of the terms, conditions, covenants, and performances contained herein or attached and incorporated, and made a part hereof, the parties hereto agree as follows:

1. Exhibit A, as referenced and incorporated in Section 1 of the Original Agreement, “SCOPE OF SERVICES”, shall be replaced by Exhibit A-1, attached hereto and by this references made part of this Supplemental Agreement No. 1, and a part of the Original Agreement.

2. Each and every provision of the Original Agreement for Professional Services dated December 1, 2020 shall remain in full force and effect, except as modified herein.

DATED this _____ day of _____, 20_____.

CITY OF MARYSVILLE

By _____
Jon Nehring, Mayor

DATED this _____ day of _____, 20_____.

[CONSULTANT]

By _____
[Name]
Its: [Title]

ATTEST/AUTHENTICATED:

_____, Deputy City Clerk

Approved as to form:

Jon Walker, City Attorney

EXHIBIT A-1

Cardconnect – Bank Account Change Request Form – 1 of 1

DrivePayments Application – 1 of 1

ProfitStars – Enterprise Payment Solutions: Application for Payment Processing 1 of 3

ProfitStars – Enterprise Payment Solutions: Merchant Processing Services Agreement – 1 of 1



BANK ACCOUNT CHANGE REQUEST FORM

All sections with an asterisk (*) are required to be filled out

*Date:	3/8/2021
*Merchant Number:	496396845885
*Merchant DBA/Business Name:	CITY OF MARYSVILLE, WA
Merchant Email:	utility@drivepayments.com
Merchant/Requestor's Name:	Jon Nehring
*Federal Tax ID:	916001459
*Last 4 Digits of Signers Social Security Number:	n/a
Merchant Phone Number:	3603638001

OLD ABA/Routing Number:	OLD DDA/Account Number:	*NEW ABA/Routing Number:	*NEW DDA/Account Number:
██████████	██████████	Partner	Partner

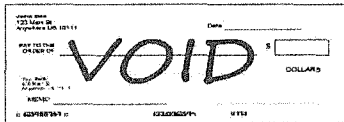
***Please indicate what type of update is being made: ✓**

<input type="checkbox"/>	Check this Box to update ONE bank account on file • This is the same bank account we'll use for your deposits and your agreed monthly fees
<input type="checkbox"/>	Check this Box to UPDATE or ADD A DEPOSITS account ONLY • Your agreed monthly fees will come out of the existing account we have on file or you must set up a new one
<input checked="" type="checkbox"/>	Check this Box to UPDATE or ADD A FEES account ONLY • Your deposits will come out of the existing account we have on file or you must set up a new one
<input type="checkbox"/>	Check this Box if you're using NMI Gateway
<input type="checkbox"/>	Check this Box if you're using Profit Stars
<input type="checkbox"/>	Check this Box if you're using Bluechex

ATTENTION - The Following is REQUIRED to Complete the Bank Change in addition to this Form:

***A VOIDED CHECK OR BANK LETTER**

Note: Bank letters Must include bank letterhead with bank rep signature and contact information, the date, merchant's legal name or DBA as well as the new ABA/DDA numbers.



***Form of ID from the Authorized Signer (Non-Expired)**

Note: You can provide only one of the following [Military IDs are NOT accepted]

- Driver's License ● US state issued ID ● Passport (card of book) ● Alien Registration card/visa ● Any government issued ID card that bears a photograph or other biometric identifier ● Native American tribal card ● Mexican Consular ID ● State issued marriage certificate ● Certified copy of Legal name changes or divorce decree

Merchant/Agent must submit ALL required documents. Failure to do so will result in a delay of this update. Once Bank Change Ticket is submitted, the bank account update will take effect in between 1-2 business days.

***Merchant's Signature**

Jon Nehring / President Mayor
***Merchant's Printed Name and Title**

***Date**

Please note - Only the application signer or authorized contact is permitted to submit bank change requests. Forms submitted by another party will be rejected via a ticket to the agent. Also, **If the merchant uses American Express ESA (Amex deposits are funded directly from Amex), merchant needs to reach out to AMEX directly if they wish to update their bank account for their Amex deposits too.**

BUSINESS INFORMATION							
Legal Business Name CITY OF MARYSVILLE				Federal Tax ID 91-6001459		Business Structure Government	
DBA Name CITY OF MARYSVILLE, WA				Date Formed 1/1/1891		Current Ownership Date	Stock Symbol
Physical Address 1049 State Ave, Marysville, WA 98270							
Billing Address							
Phone (360) 363-8001		Ext	Customer Service Phone		Ext	Fax	Website HTTPS://MARYSVILLEWA.GOV/
How Are Sales Generated? Utility services							
Business Description Utility services - account is being created to allow customers to pay their utility bill(s)							

CONTACT / OWNER / OFFICER INFORMATION							
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Name Jon Nehring			Title Mayor		Email utility@drivepayments.com		Role
Phone (360) 363-8001	Ext	Mobile	% Owned N/A	DOB na	SSN N/A	Driver's License	DL State
Residential Address na							

JHA SMARTPAY BUSINESS SERVICES & TRANSACTION TYPES			
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Processing Services		Transaction Types	
ACH	Remit Plus	ACH Debit	Check 21
JHA SmartPay Express	Remote Deposit Scan	ACH Debit Recurring	ACH Accounts Receivable Conversion
JHA SmartPay Express Integrated	Remote Deposit Complete / mRDC	Internet Check	ACH Back Office Conversion
File Upload (ACH or X9)	Credit Card Processing	Telephone Check	ACH Point of Purchase Conversion
Credit Card Gateway Option		ACH Credit	Represented Check (RCK)
		ACH Credit Recurring	ACH Refund
Scanner Make		Scanner Serial Number	

ACH COLLECTION & RE-PRESENTMENT OPTIONS	
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Face Amount Re-Presentments	Timing of First Re-Presentation
Time Final Re-Presentation	Timing of Final Re-Presentation
Returned Check Presentments	Returned Check Fee Amount
Financial Institution Account Key Bank	Settlement ABA [REDACTED]
Settlement Account [REDACTED]	Notes Special Instructions All fees billed to partner. Bank account is for deposits only

CHECK 21 COLLECTION & RE-PRESENTMENT OPTIONS

Check21 Face Amount Re Presentments	Check21 Auto Re Presentation
Check21 Time of Final Re Presentation	Check21 Timing of Final Re Presentation
Check21 Financial Institution Account	Check21 ABA
Check21 Account	

MERCHANT LEVEL VELOCITY SETTINGS

Velocity Level	Single Amount %	Daily %	Period %	
Debit Single Trans Amount Avg: \$250.00 High: \$20,000.00	Debit Single Day Count 100	Debit Single Day Amount \$55,000.00	Debit Period Count 250	Debit Period Amount \$95,000.00
Credit Single Trans Amount	Credit Single Day Count	Credit Single Day Amount	Credit Period Count	Credit Period Amount

LOCATIONS / BANK ACCOUNT INFORMATION

If you requested more than 4 Locations, they will be provided with your account credentials upon approval of this application.

Location Name	ABA Routing Number	Account Number	Account Type	Account Purpose
Debit Single Trans Amount	Debit Single Day Count	Debit Single Day Amount	Debit Period Count	Debit Period Amount
Credit Single Trans Amount	Credit Single Day Count	Credit Single Day Amount	Credit Period Count	Credit Period Amount

NOTIFICATION SETTINGS

Account Credentials
Velocity Exceptions & Velocity Warnings

Continued next page.

SIGN

The business entity identified on Page 1 of this EPS Application for Payment Processing ("Merchant") acknowledges and agrees to the following:

1. **MERCHANT CERTIFICATION:** To induce JHA, Merchant certifies the accuracy of all the foregoing information and authorizes JHA, Bank, Credit Bureau, or other investigative agency contracted by JHA to investigate any and all references, statements or other data contained herein or obtained from Merchant, other persons, companies or agencies pertaining to Merchant's and/or Guarantor's credit, financial responsibility and accuracy of any of the foregoing information. The undersigned further agrees to notify JHA of any and all changes which may occur from time to time in the information and statements contained herein.
2. **WARRANTY OF APPLICATION:** This EPS Application for Payment Processing contains, among other things, information describing the nature of Merchant's business and, where applicable, the individuals who are Merchant's principal owners. Merchant warrants to JHA that all information and statements contained in such application are true, correct, and complete. Merchant further agrees to notify JHA promptly of any changes which may occur from time to time regarding any information contained in such application, including, but not limited to, the identity of the principal owners, type of goods and services provided and how sales are completed. Merchant and principal owner(s) identified on approved applications shall be jointly and severally liable to JHA and remain liable for any and all loss, costs and expense suffered or incurred by JHA.
3. **JHA FEES:** Fees owed to JHA, if any, will be paid by Merchant in accordance with the terms of the applicable processing services agreement and/or fee schedule entered into by JHA and Merchant.

IN WITNESS WHEREOF, an authorized representative who has the authority to bind Merchant to this EPS Application for Payment Processing has signed this application document where provided below.

Name Jon Nehring	Title Mayor
Signature	Date

JHA Reference Information:

Opportunity Name:

Transaction Number:

ACH PROCESSING

Legal Name: DBA:

Physical Address:

EIN: Date Formed:

Phone: Website:

Fees

ACH Fee: / transaction

ACH Reject: / transaction

Fees billed from the first to the last day of each month. Withdrawal on the 10th business day of the following month

Estimated ACH Information

Average Ticket: <input type="text" value="\$250.00"/>	1 Day Max Transaction Count: <input type="text" value="100"/>
Largest Ticket: <input type="text" value="\$20,000.00"/>	1 Day Max Volume: <input type="text" value="\$55,000.00"/>
	15 Day Max Transaction Count: <input type="text" value="250"/>
	15 Day Max Volume: <input type="text" value="\$95,000.00"/>

DISCLAIMER: Please notify DrivePayments in the future if you will exceed your estimated information above to avoid any issues

Merchant Agreement

The Merchant Agreement you sign allows DrivePayments to setup a qualifying merchant account for your organization. DrivePayments, LLC is a registered ISO of Wells Fargo Bank and has been approved to facilitate these payments for qualifying organizations. DrivePayments is responsible for all fees associated with the merchant, however, TOS may be reviewed at drivepayments.com/legal (password: fee11!)

Authorization

I authorize DrivePayments LLC (DP Service Fee) to charge/debit the account indicated in this authorization form according to the terms outlined above. I certify that I am an authorized signor on this Depository Account.

Signature: _____ Date: _____

Printed Name: Jon Nehring Title: Mayor



ENTERPRISE PAYMENT SOLUTIONS
MERCHANT PROCESSING SERVICES AGREEMENT

This Enterprise Payment Solutions Merchant Processing Services Agreement (this "Agreement") is made by and between **Jack Henry & Associates, Inc.**, with its principal place of business located at 663 West Highway 60, Monett, Missouri 65708 ("JHA"), and the undersigned merchant ("Merchant") as of the date this Agreement is signed by Merchant below (the "Effective Date").

JHA provides check and ACH transaction processing services to merchants, and Merchant desires to initiate and process ACH and/or check transactions using JHA's enterprise payment solutions.

The parties agree as follows:

1. The parties mutually agree to enter into the business relationship described above as provided in this Agreement.
2. As of the Effective Date, the Standard Terms and Conditions are attached to and incorporated as a part of this Agreement. Merchant agrees to use the JHA enterprise payment solutions in accordance with these Standard Terms and Conditions.
3. JHA's commencement of its provision of the processing services to Merchant shall confirm JHA's acceptance of this Agreement.

In witness of this Agreement, an authorized representative of Merchant has executed this Agreement where provided below.

Merchant:

CITY OF MARYSVILLE
(legal entity name)

By: _____

Printed Name: Jon Nehring

Title: Mayor

Date: _____

Merchant's Address:

1049 State Ave
(Street Address)

Marysville, WA 98270
(City, State, Zip Code)