

### HEARTLAND CONTACT INFORMATION

Current MID  
**585-227-8594**  
RM Fax

**School Solutions**  
RM Name  
**800-423-2113**  
RM Phone

**K12**  
Affiliate/Partner ID  
**HSS**  
Affiliate Name

### COMPANY INFORMATION

**WCSD Student Obligations-STORE**  
Merchant DBA Name  
**(814)723-6900**  
DBA Phone Number

**Warren County School District**  
District Name  
(Must correspond with IRS Filing Name)  
**814-723-6900**  
District Phone Number

**1**  
Number of Locations  
**251157816**  
Federal Tax ID / EIN  
(Must correspond with Legal Name)

**6820 Market Street**  
DBA Address  
**Russell / PA / 16345**  
DBA City / State / Zip

**1106 Conewango Avenue**  
District Address  
**Warren / PA / 16365**  
District City / State / Zip

**hssactivations@e-hps.com**  
Website Address  
Email Address  
(InfoCentral Admin User Email Address)

**Jennifer Dilks**  
Primary Contact Name  
**814-723-6900**  
Primary Contact Phone Number

**Secondary Contact Name**  
Secondary Contact Name  
**Secondary Contact Phone Number**  
Secondary Contact Phone Number

**HSC HSC**  
Email Contact First Name Email Contact Last Name  
**800-803-6755**  
Customer Service Phone Number

Authorized to Purchase:  Yes  No

Authorized to Purchase:  Yes  No

**585-227-8594**  
Customer Service Fax Number

### CARD FEE SCHEDULE

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	<b>\$25,000.00</b> Annual Volume	<b>\$45.00</b> Average Ticket
Visa	4.60 %	\$0.40	\$0.00	\$0.00	Fee Model: <input checked="" type="checkbox"/> District Absorbed <input type="checkbox"/> Parent Paid <input type="checkbox"/> Service Fee (Pass Through/Single Transaction) <input type="checkbox"/> COST PLUS <b>Remove Refund Transaction Fee</b>	*Plus Applicable Debit Network Fees Note: OptBlue Annual Processing Volume > \$1 Million must go Direct <input checked="" type="checkbox"/> OptBlue - See Industry Thresholds for eligibility if Volume is greater than \$1MM <input type="checkbox"/> I opt out of receiving marketing material from American Express
MasterCard	4.60 %	\$0.40				
Discover/JCB	4.60 %	\$0.40				
PIN Debit*						
American Express	4.60 %	\$0.40	\$0.00	\$0.00	<b>\$2,500.00</b> American Express Annual Volume	<b>\$49.50</b> American Express Average Ticket
American Express Merchant Number	American Express Franchise Name	Franchise CAP Number				

RECURRING FEES	INTERCHANGE QUALIFICATION	SETTLEMENT	CARD ACCEPTANCE	DEPOSIT METHOD
Chargeback Fee: <b>\$0.00</b>	<input checked="" type="checkbox"/> MOTO / Internet	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> All Cards Accepted	<input checked="" type="checkbox"/> Standard
Voice Authorization Fee: <b>\$0.00</b>	<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Daily Net		
	<input type="checkbox"/> Small Ticket	<input type="checkbox"/> Daily Split		

**ACH FEE SCHEDULE**

Transaction Fee:	<u>\$ 0.40 / 4.60 %</u>	<u>\$2,500.00</u>	<u>\$21.00</u>
Monthly Fee:	<u>\$</u>	Annual ACH Volume	Average ACH Amount
Return Item Fee:	<u>\$</u>	<u>40</u>	<u>1,000.00</u>
Re-Presentation:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Re-Presentation Fee: <u>\$ 2.00</u>	Average Number of ACH Transactions per Month	Maximum ACH Limit
K12-OnePay Program:	<input type="checkbox"/> Single: <u>12.95</u> <input type="checkbox"/> Multi: <u>26.95</u>	ACH Settlement Method:	<input checked="" type="checkbox"/> Daily Net <input type="checkbox"/> Monthly Net

**MERCHANT DETAIL**

Type of Business:	Type of Ownership:	IRS reporting classification for LLC:	If school:
<input type="checkbox"/> Private	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded Entity (Single Member LLC)	<input type="checkbox"/> State Owned
<input checked="" type="checkbox"/> Public – Ticker Symbol: _____	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Private
	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Non-Profit		

**Payment for nutrition and school fees**

Date Business Started \_\_\_\_\_ Business is Conducted \_\_\_\_\_ Product / Services Provided \_\_\_\_\_

Do you process web based sales through HPS:  Yes  No

Define your Refund Policy

Is there a peak week / date in the month for processing recurring transactions: (i.e., 1<sup>st</sup> and 15<sup>th</sup>): N/A

**SALES METHOD**

On Premise Face to Face Sales:	<u>0 %</u>
Off Premise Face to Face Sales:	<u>0 %</u>
Inbound Telephone Order Sales:	<u>0 %</u>
Outbound Telephone Order Sales:	<u>0 %</u>
Mail Order Sales:	<u>0 %</u>
Real-Time Internet:	<u>0 %</u>
Internet (Keyed):	<u>100 %</u>
Recurring Billing:	<u>0 %</u>
<b>TOTAL:</b>	<b>100%</b>

**CARD PROCESSING METHOD**

Card Swipe:	<u>0 %</u>
Keyed / Card Not Present:	<u>100 %</u>
<b>TOTAL:</b>	<b>100%</b>

**ACH PROCESSING METHOD**

PPD:	<u>0 %</u>
CCD:	<u>0 %</u>
WEB:	<u>100 %</u>
TEL:	<u>0 %</u>
<b>TOTAL:</b>	<b>100%</b>

What percentage of your Bankcard volume is future delivery: \_\_\_\_\_ %

**STATEMENT OPTIONS**

- Statement Type:  Standard
- Mail Statements To:  Suppress Statements  District
- All Electronic Communications (Including ACH Returns):
- Same Email as InfoCentral  Preferred Email Address: \_\_\_\_\_

**DISPUTE LETTERS**

- Electronic Options:  Email  Fax (Select Mail Option as backup)
- Mail Options:  Legal  DBA

PCI COMPLIANCE

Is your business PCI Compliant:  Yes  No

Does your company utilize a Data Storage Entity or Merchant Servicer that has access to Card Member Data:  Yes  No (i.e., Payment gateway or data warehouse, etc.)

If yes, provide the name of the Data Storage Entity or Merchant Servicer being utilized: N/A

PCI DSS and Card Network rules prohibit storage of sensitive authentication data after the transaction has been authorized (even if encrypted). If you or your POS system store, process, or **transmit full cardholder's data, then you (merchant) must validate PCI DSS compliance. If you (merchant) utilize a payment application the POS software must be PA DSS (Payment Application Data Security Standards) validated where applicable.** If you use a payment gateway, they must be PCI DSS Compliant.

As required under the Payment Card Industry Data Security Standard (PCI DSS), I do hereby declare and confirm the following:

Merchant will maintain full PCI DSS compliance at all times and will notify Heartland when it changes its point of sale software, system, application or vendor:  Yes  No  N/A

Do your transactions process through any other Third Parties (i.e. web hosting companies, gateways, corporate office):  Yes  No  N/A

Merchant utilizes the services of a PCI SSC Qualified Integrator Reseller (QIR) when POS payment applications are utilized:  Yes  No  N/A

The signing merchant listed below has experienced an account data compromise.\*:  Yes  No  N/A  
 I have never accepted payment cards.

If yes, what was the date of the compromise:  
(Copy of the completed forensic investigation is required with the app.)

N/A

The signing merchant listed below is storing Sensitive Authentication Data\*\* (even if encrypted) after the transaction has been authorized:  Yes  No  N/A  
 I have never accepted payment cards.

Merchant utilizes an EMV enabled terminal:  Yes  No  N/A

\*An Account Data Compromise is any incident that results in unauthorized access to payment card data and/or Sensitive Authentication Data.

\*\*Sensitive Authentication Data is security related information (Card Verification Values, complete Magnetic Stripe Data, PINs, and PIN blocks) that is used to authenticate cardholders.

Please note that if you have indicated that your organization has experienced an account data compromise in the past, a PCI DSS Level 1 Compliance Assessment may be required upon Heartlands request. A compromise of cardholder data from your location(s) may result in the issuance of fines and/or penalties by the card brand, for which you will be responsible under your Merchant Agreement, notwithstanding this Compliance Statement.

It is imperative that you notify Heartland immediately should the information on this Compliance Statement change.

DEBIT AND CREDIT AUTHORIZATION

Merchant certifies that any starter check or verification of business provided is for a business account in good standing and that the Business name on the below checking account is the same as the Business name on the enclosed Heartland Payment Systems Merchant Application. In addition, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings account. 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.

CREDIT CARD

Deposit Routing/Account

Fee Routing/Account (If separate from Deposit)

(4-17 Digit Account Number) \_\_\_\_\_ (9 Digit Routing Number) \_\_\_\_\_  
Account Type (Required):  Checking  Savings  Other: \_\_\_\_\_

(4-17 Digit Account Number) \_\_\_\_\_ (9 Digit Routing Number) \_\_\_\_\_  
Account Type (Required):  Checking  Savings  Other: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on Bank Account

\_\_\_\_\_  
Name as it appears on Bank Account

HEARTLAND ACH

Deposit Routing/Account

Fee Routing/Account (If separate from Deposit)

(4-17 Digit Account Number) \_\_\_\_\_ (9 Digit Routing Number) \_\_\_\_\_  
Account Type (Required):  Checking

(4-17 Digit Account Number) \_\_\_\_\_ (9 Digit Routing Number) \_\_\_\_\_  
Account Type (Required):  Checking

\_\_\_\_\_  
Name as it appears on Bank Account

\_\_\_\_\_  
Name as it appears on Bank Account

**IMPORTANT INFORMATION ACCOUNT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**AUTHORIZED SIGNER(S) INFORMATION**

Is any owner, officer, director, employee, or agent a current or former senior official in the executive, legislative, administrative, military, or judicial branch of any government (elected or not); a senior official of a major political party; an executive of a government-owned commercial enterprise; a family member of any of the foregoing officials; or a close personal or professional associate of any of the foregoing officials:  Yes  No  
If Yes, attach details.

Owner  Officer  Authorized Signer  Managing Agent (Please provide copy of Management Agreement)

(1) Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)
Home Phone Number	Cell Phone Number	<b>Driver's License</b> Number	% Business Equity Ownership
Home Address / City / State / Zip			Length of Time at Home Address

Owner  Officer  Authorized Signer  Managing Agent (Please provide copy of Management Agreement)

(2) Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)
Home Phone Number	Cell Phone Number	<b>Driver's License</b> Number	% Business Equity Ownership
Home Address / City / State / Zip			Length of Time at Home Address

**Note: If there are more than two Owners, Officers or Managing Agents, complete the "Additional Owner/Officer Information Page for Merchant Processing Agreement".**

**AGREEMENT ACCEPTANCE, CERTIFICATION and CONSUMER REPORT AUTHORIZATION**

Has your District filed Bankruptcy, had Judgments or Liens within the last 3 years:  Yes  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 all matters generally connected to this business relationship. 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 by any of the Card Brands.

X (1) Owner/Officer/Authorized Signer Signature	Print Name & Title	Date
X (2) Owner/Officer/Authorized Signer Signature	Print Name & Title	Date

**THE TERM OF THIS AGREEMENT IS 60 MONTHS**

### Payments

#### WCSD Student Obligations

(814)723-6900

MERCHANT DBA NAME

PRIMARY CONTACT NAME

PRIMARY CONTACT PHONE NUMBER

6820 Market Street

Russell

PA

16345

DBA ADDRESS

DBA CITY / STATE / ZIP

#### SERVICE PROVIDER CONTACT INFORMATION

Heartland Payment Systems  
One Heartland Way,  
Jeffersonville, IN 47130  
HeartlandPaymentSystems.com  
(888) 963-3600

#### IMPORTANT MERCHANT RESPONSIBILITIES

1. Merchant must ensure compliance with cardholder data security and storage requirements.
2. Merchant must maintain fraud and chargeback below thresholds.
3. Merchant must review and understand the terms of the Merchant Processing Agreement.
4. Merchant must comply with the Card Brands Operating Regulations.
5. Merchant must retain a signed copy of this Disclosure Page.

Note: The responsibilities listed above do not supersede terms of the Merchant Processing Agreement and are provided to ensure the merchant understands some important obligations of each party and that the Member Sponsor Bank (Acquirer) is the ultimate authority should the merchant have any problems.

#### MEMBER SPONSOR BANK (ACQUIRER) INFORMATION

##### Deutsche Bank Trust Company Americas

Cash Management

1 Columbus Circle, 10019-8735

New York NY, USA

Email: [COMPL.Card\\_Acquiring@list.DB.com](mailto:COMPL.Card_Acquiring@list.DB.com)

Wells Fargo Bank, N.A.

P.O. Box 6079

Concord, CA 94524

Phone: (844) 284-6834

#### IMPORTANT MEMBER SPONSOR BANK (ACQUIRER) RESPONSIBILITIES

1. The Member Sponsor Bank is the only entity approved to extend acceptance of Card Brand products directly to a Merchant.
2. The Member Sponsor Bank must be a principal (signer) to the Merchant Processing Agreement.
3. The Member Sponsor Bank is responsible for educating Merchants on pertinent Card Brand Operating Regulations with which Merchants must comply.
4. The Member Sponsor Bank is responsible for and must settle funds with the Merchant.
5. The Member Sponsor Bank is responsible for all funds held in reserve that are derived from settlement.

#### DEBIT BANK SPONSOR

##### PB&T Bank

301 West 5th Street

Pueblo, CO 81003

Phone: (888) 728-3550

#### MERCHANT RESOURCES

1. You may download Visa Regulations from Visa's website at: <http://usa.visa.com>
2. You may download MasterCard Rules from MasterCard's website at: <http://mastercard.com>

#### ACKNOWLEDGEMENT

I, the undersigned hereby acknowledge and agree that Heartland Payment Systems will select one of the Member Sponsor Bank's listed above based on the following criteria; business type, POS equipment compatibility, depository institution and/or existing HPS relationship. Heartland Payment Systems will provide Merchant a written notification of the Member Sponsor Bank that is selected. By presenting any Card Brand Transaction to Heartland Payment Systems under the Merchant Processing Agreement from and after notice of the Member Sponsor Bank, you agree that the Member Sponsor Bank so selected shall be immediately a principal party (signer) to the Merchant Processing Agreement, regarding acceptance of Card Brand transactions. This document and all electronically executed documents related hereto are legally binding in the same manner as are hard copy documents executed by hand signature.

X

Owner/Officer Signature \*

Print Name

Email

Date

\* The Owner/Officer/Authorized Signers Signature must be that of the same individual which has signed the Application.