

**BILLER DIRECT SERVICES – ENTERPRISE BILLING SOLUTIONS
ENROLLMENT FORM FOR TERMS OF SERVICE**

☐ NEW LOCATION		☐ ADD LOCATION, EXISTING MID:		☒ UPDATE SERVICE, EXISTING MID:		CHAIN: 542		
REP NAME: Cristy Prock			REP PHONE #: 865-403-8345		REP ID #: 48291		LOCATION: 1 OF 15	
MERCHANT INFORMATION								
DBA NAME: City of Sunrise				BILLER HOMEPAGE URL: http://www.sunrisefl.gov/				
CUSTOMER SERVICE CONTACT (MUST PROVIDE AT LEAST ONE): PHONE NUMBER: 954-746-3233 EMAIL ADDRESS: hcruz@sunrisefl.gov								
TRAINING REQUIRED (DEFAULT) ☐ NO TRAINING REQUIRED								
ADDRESS INFORMATION								
CONTACT NAME: HARRY CRUZ								
ADDRESS 1: 10770 WEST OAKLAND PARK BLVD				ADDRESS 2:				
CITY: SUNRISE				STATE: FL		ZIP CODE: 33351		
BILLER ADMINISTRATOR						PAYMENT CUTOFF (CHOOSE ONLY ONE)		
FIRST NAME:		LAST NAME:		☐ 6:00 PM ET		☐ 8:00 PM ET ☐ 10:00 PM ET		
PREFERRED BILLER SHORT NAME – TO APPEAR IN URL (MAX 12 - ALPHA/NUMERIC):				☐ 11:30 PM ET		☐ 2:30 AM ET		
PREFERRED LOGIN ID (MAX 24 - ALPHA/NUMERIC):				EMAIL ADDRESS:				
ENTERPRISE BILLING SOLUTIONS PAYMENT CHANNELS (CHECK ALL THAT APPLY)								
☒ WEB (CONSUMER PAYMENTS): ☒ UN-ENROLLED SINGLE PAYMENTS ☒ ENROLLED SINGLE PAYMENTS ☒ RECURRING PAYMENTS ☐ NOT APPLICABLE		☒ ADMIN (CSR INITIATED PAYMENTS): ☒ UN-ENROLLED PAYMENTS ☒ ENROLLED PAYMENTS ☐ NOT APPLICABLE		☒ IVR (SINGLE PAYMENTS) ☐ ENGLISH ☐ SPANISH ☐ BOTH ENGLISH AND SPANISH				
ENTERPRISE BILLING DEVICES AVAILABLE TO MERCHANT (CHECK ALL THAT APPLY)								
☒ ACH / ECS (SEE AGREEMENT FOR ADDITIONAL REQUIREMENTS) ☒ CONVERSION WITH VERIFICATION OR ☐ CONVERSION ONLY ☒ PERSONAL CHECKING ☒ PERSONAL SAVINGS ☒ BUSINESS CHECKING ☒ BUSINESS SAVINGS NOTE: TRANSACTIONS WILL BE PROCESSED USING THE FOLLOWING ACH TRANSACTION TYPES: CONSUMER INTERNET TRANSACTIONS – WEB; CONSUMER CSR MODULE TRANSACTIONS – TEL; CORPORATE TRANSACTIONS – CCD (SET UP AS XNP)						☒ CREDIT / SIGNATURE DEBIT CARD ☒ VISA ☒ MASTERCARD ☒ DISCOVER ☐ AMERICAN EXPRESS		
ANNUAL ACH VOLUME: \$5,000,000		AVERAGE ACH AMOUNT: \$170		MAXIMUM ACH AMOUNT: \$ 15,000				
COMPANY LOGO						COLOR SCHEME		
ENTERPRISE BILLING SOLUTIONS LOGO (DEFAULT)						ENTERPRISE BILLING SOLUTIONS COLOR SCHEME (DEFAULT)		
☐ CUSTOM LOGO REQUIRED (SEND LOGO TO BPPLGO@ELAVON.COM WITH NAME OF COMPANY NAME IN THE EMAIL SUBJECT LINE)						☐ CUSTOM COLOR SCHEME (SEE MERCHANT WEBSITE)		
CONSUMER BILLING AND AUTHENTICATION DATA (CHECK ALL THAT APPLY)								
REAL-TIME DATA ☒ SECURE HANDOFF (CONSUMER WEB ONLY)		BATCH FILE ☒ BILL LOAD FILE (REQUIRED FOR ENROLLMENT PAYMENTS, IVR, AND CSR PAYMENTS, OPTION FOR CONSUMER WEB UN-ENROLLED PAYMENTS)						
CONSUMER PAYMENT DATA (REMITTANCE DATA) DELIVERY (CHECK ALL THAT APPLY)								
REAL-TIME DATA ☒ REAL-TIME POST BACK (CONSUMER WEB / ADMIN APPLICATION)				REPORT ☐ STANDARD DOWNLOADABLE REPORT (VIA ADMIN APPLICATION) (DEFAULT)		BATCH FILE ☒ A/R POSTING FILE		
ENTERPRISE BILLING SOLUTIONS PRICING APPLIED FUNDING MODEL (CHECK ALL THAT APPLY)								
☒ NO CONVENIENCE OR SERVICE FEE CHARGED TO BILL PAYER; ENTERPRISE BILLING SOLUTIONS PRICING APPLIED		☐ CONVENIENCE OR SERVICE FEE CHARGED TO BILL PAYER ☐ MERCHANT-MANAGED ("MERCHANT-MANAGED" MEANS THAT MERCHANT ESTABLISHES AND RETAINS THE FEE AND PAYS ELAVON THE FEES PURSUANT TO THE TERMS OF THE AGREEMENT.) ☐ ELAVON-MANAGED ("ELAVON-MANAGED" MEANS THAT ELAVON ESTABLISHES AND RETAINS THE FEE IN LIEU OF MERCHANT'S OBLIGATION TO PAY ELAVON THE FEES PURSUANT TO THE TERMS OF THE AGREEMENT.) ☐ CONVENIENCE FEE (SEE AGREEMENT FOR ADDITIONAL REQUIREMENTS) PAYMENT TYPE DESCRIPTION: _____ RATE: \$ _____ IMPLEMENTATION FEE: \$ _____ MINIMUM ANNUAL FEE: \$ _____ CUSTOMER AUTHENTICATION RECORD RESEARCH FEE: \$ _____ PER COPY ☐ SERVICE FEE (SEE AGREEMENT FOR ADDITIONAL REQUIREMENTS) PAYMENT TYPE DESCRIPTION: _____ CREDIT CARD RATE: _____ DEBIT CARD RATE: _____ ACH PROCESSING RATE: _____ IMPLEMENTATION FEE: \$ _____ MINIMUM ANNUAL FEE: \$ _____ CUSTOMER AUTHENTICATION RECORD RESEARCH FEE: \$ _____ PER COPY						
MERCHANT ACKNOWLEDGEMENT								
By signing below, Merchant (i) warrants the truthfulness and accuracy of the information provided herein, (ii) agrees to pay the fees set forth herein, and (iii) agrees to abide by the terms and conditions for Enterprise Billing Solutions set forth in the Agreement, including the Terms of Service ("TOS"), the Merchant Operating Guide ("MOG"), and the Electronic Check Services Merchant Operating Guide ("ECS MOG"). This Biller Direct Services – Enterprise Billing Solutions Enrollment Form is made a part of the Agreement. The TOS, the MOG and the ECS MOG are incorporated herein.								
SIGNATURE _____		NAME & TITLE _____			DATE _____			

FOR INTERNAL USE ONLY

SERVICE PROVIDER HOSTED: TRANSACTIS

CERTIFIED PRODUCT: ENTERPRISE BILLING SOLUTIONS

WHAT HAPPENS NEXT?

Thank you for choosing to use Enterprise Billing Solutions as your electronic bill presentment and payment solution.

Please note the following to get you up and running quickly.

1. If you are providing a customized logo for Enterprise Billing Solutions, please email it to BPPIlogo@elavon.com. Please note the logo specifications listed below:
 - ✓ Needs to be in a .jpg, .png or .gif file format
 - ✓ Must be less than 500KB in size
 - ✓ Artwork is recommended to be 150 pixels in width and 150 pixels in length
2. Once you receive your Getting Started Kit, please call our training center at 866-451-4007 to speak with one of our representatives. If we don't hear from you, we will contact you to schedule a session. The session will cover information about credit card processing, how to set up and use Enterprise Billing Solutions, and where to find helpful information.

Be sure to visit www.newmerchantassist.com for information about your account, as well as to find tips to help you protect cardholder data, and stay in compliance with changing regulatory demands.

Thank you for your business. We look forward to providing you the very best in service.