



Addendum for Application for Credit Card Processing Service Agreement/New Division Request

Date: 5/16/2013

Company ID#: 70725

Projected Live Date: 9/16/2013

SECTION 1: COMPANY/CONTACT INFORMATION

Company Legal Name: Tyler Technologies, Inc.

Company Taxpayer ID#: 75-2303920

Contact Name: Evan Acosta Phone #: 972-713-3770 x 113503

Fax #: 972-713-3777 Email Address: evan.acosta@tylertech.com

Transactions processed for this new set up request belong to:

Merchant whose company legal name is represented above...

OR

An Additional Company whose legal name is: _____ and is a wholly-owned

partially owned affiliate registered DBA or Other (explain: _____) of the merchant noted above.

On behalf of _____
(Company Legal Name)

I, _____, _____,
(Print Name) (Title)

verify that the account set-up information is accurate, that I have the authority to make such a request and thus, it should be used to set up an additional account for our company.

SECTION 2: BUSINESS UNIT (if different from division name)

Parent Business Unit **State of Texas** (up to 30 bytes) Parent Bus.Unit #
Name (if applicable): _____ (if applicable): _____

Business Unit Name: Hidalgo County TexFile (up to 30 bytes) **Business Unit #:** _____

SECTION 3: FUNDING (if new banking see section 9)

If funds should be deposited to an existing bank account please complete the following:

If USD or CAD, will funds be deposited into your existing Bank Account set up with Chase Paymentech? Yes or No

If yes, Bank Account # _____ (Section 9 does not need to be completed)

If funds should be deposited to an existing funds transfer instruction please complete the following:

If USD or CAD, will this division utilize an existing Funds Transfer Instruction (FTI)? Yes or No *If no, a new FTI will be created.*

If yes, provide FTI # _____ (Section 9 does not need to be completed)

SECTION 4: 1099K CONTACT INFORMATION (*W-9 required if new US entity and/or taxpayer ID, W-8 required for Canadian entities*)

Transaction Division's Taxpayer ID #/No. 74-6000717 or Same as Corporate Yes No
(As shown on your Income Tax Return)

1099K Contact Name Mayra Rangel 1099K Contact email address : mayra.rangel@co.hidalgo.tx.us

This is the contact that will receive the 1099K mailing to the address listed on the W-9 supplied (only required if different than Corporate)
 1099K Mailing Address: 100 N Closner Edinburg, TX 78539
(If different than address provided on your W-9)

SECTION 4a: TRANSACTION DIVISION

Division Name: TX OFS - Hidalgo District Clerks *(up to 30 bytes - this will appear on your Financial Reports)*
 Currency (list only 1 each per division): Settlement: USD Presentment: USD
**** If using our Cross Currency Product - please provide both the Presentment and the Settlement Currencies****

- The following field appears on the customer's statement and identifies the merchant name for the consumer and credit card organizations. To further aid consumer recognition, Visa has sanctioned the abbreviation of the merchant name. It must be separated from product information by an asterisk (*), which must appear in the 4th, 8th or 13th position. **The asterisk cannot be used for Retail Merchants.** Internet service providers, e-commerce merchants may utilize a URL instead of Customer Service Phone if not processing any Mail-order transactions (URL must only be 13 bytes)

Cardholder Descriptor *(For all card types with the exception of American Express):*

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|--|
| H | I | D | A | L | G | O | | C | O | U | N | T | Y | | C | O | U | R | T | S | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|--|

(22 bytes)

Customer Service Phone #: 9 5 6 - 3 1 8 - 2 2 0 0 (13 bytes)
 (Required for Mail Order or Recurring)

City: (Required for Retail) _____ (13 bytes)

URL: (optional, if phone# provided above) _____ (13 bytes)

Division Location Address: 100 N Closner Blvd Country: US
(Must be a street address, PO Boxes not acceptable)

City: Edinburg State/Prov: TX Zip Code (US): 7 8 5 3 9
(For Retail-City above must match City Location)

Postal Code (Intl): _____ Postal Code (Can): _____ (6 bytes)
(State/Province and Postal/Zip codes must match the address given above)

Product/Service Description *(Enter product description, i.e. clothing, books, membership)* C O U R T F E E S

Publication Descriptor *(Please provide only if required by your submitter):* _____

Avg. Trans. \$ Amt: 150.00 Avg. # Trans./Yr: 1000 Projected Refund % 0.1

How do you market this product? *(Check only those that apply to this division)*
 Catalog Direct Mail Internet Space Ad TV Outbound Telemarketing Other

How will consumers provide credit card information to you when they order this product? *(Select only one):*
 Retail Mail/Phone *(Marketing Material Required)* Internet *(Please provide your URL):* http:// _____
 https://texfile.tylerhost.net/

If internet is selected and the website is not yet available to consumers please complete a Marketing Material Supplement form which you may obtain from Merchant Services or your account executive.

If Internet, please advise: Select one: SSL SET No encryption method

Will the consumer be able to place their order and provide their credit card info (or electronic check info) through this website? Yes No

Is the web site secure, i.e., will the information that the consumer provides, such as their name and credit card number be encrypted so that it can't be read or intercepted by other people? Yes No

Maximum Sale Transaction Amount: \$ _____ (Default \$25,000 U.S. dollars or established international currency equivalent per transaction)

Maximum Refund Transaction Amount: \$ _____ (Default \$25,000 U.S. dollars or established international currency equivalent per transaction)

(Approval will be required for any temporary or permanent increases to this ceiling limit).



Merchant Services • 4 Northeastern Boulevard, Salem, NH 03079-1952 • www.chasepaymentech.com •
Phone: (603) 896-6000 • Fax: (603) 896-8715 • Merchant_Services@ChasePaymentech.com

Please check the consumer's payment option for this division: (*Select only one*):

Single payment Installment payments Deferred payments Recurring (*transactions managed by merchant/submitter*)

SECTION 4: TRANSACTION DIVISION (continued)

Please check below if applicable:

Bill Payment (A Bill Payment transaction is a transaction for an ongoing service/billing cycle that is known and agreed upon in advance by the merchant and cardholder. i.e. Membership or Insurance, etc.)

Do you stock product? Yes No Do you provide custom orders at time of sale? Yes No

Do you own the product at the time of sale? Yes No

Do you drop ship the product? Yes No If yes, what %: _____

Are you filling your own merchandise orders? Yes No

If no, who is your fulfillment service bureau? _____

Fulfillment Contact: _____ Phone #: _____

SECTION 5: CHARGEBACK CONTACT: (required) IQA (Manager/supervisor – one who assigns work to MCAs)
(Required for retail and Discover) **MRQA (Manager/supervisor – one who assigns work to MRAs)**

NOTE: This contact may receive any exception documents that may need to be mailed or faxed, if not participating in Chargeback Management this will be the default contact for Chargeback Mailing (second contact will not be required)

Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name: _____

Mr. Mrs. Ms. First Name: Norma Last Name: Martinez

Title: Accountant Phone #: 956-318-2200 Ext: 6258

Fax #: 956-318-2251 Alternate Fax #: _____

Email Address: norma.martinez@co.hidalgo.tx.us

Address: 100 N Closner

City: Edinburg State/Prov: TX Zip/Postal Code: 78539 Country: US

Will this contact require access to: Transaction History Report Center both ?

Account Masking? First6/Last4 or Last 4(select only one)

Does this contact have a Paymentech Online User ID? Yes No If yes, provide User ID: _____

CHARGEBACK CONTACT: (required) MCA (Merchant Chargeback Analyst – one who works the chargeback's)
(Required for retail and Discover) **MRA ((Merchant Retrieval Analyst – one who works the retrievals)**

Same as above (check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)

Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name: _____

Mr. Mrs. Ms. First Name: Sabrina Last Name: Guerra

Title: Accountant Phone #: 956-318-2200 Ext: _____

Fax #: 956-318-2251 Alternate Fax #: _____

Email Address: sabrina.guerra@co.hidalgo.tx.us

Address: 100 N Closner

City: Edinburg State/Prov: TX Zip/Postal Code: 78539 Country: US

Will this contact require access to: Transaction History Report Center both ?

Account Masking? First6/Last4 or Last 4(select only one)

Does this contact have a Paymentech Online User ID? Yes No If yes, provide User ID: _____



SECTION 8: PROCESSING METHOD

Who will be submitting transactions to Chase Paymentech?

Merchant Other Co. Name: Tyler Technologies, Inc. (i.e. fulfillment co. or ECommerce provider)

If known, please provide the Presenter ID # (PID): _____ or Submitter # (SU): _____

1. Will you be submitting transactions from a computer system? _____

What is the name of the manufacturer and model of your computer platform? _____

What is the name of the manufacturer and model of your modem? _____ Internal External

Will you be coding to Chase Paymentech specifications? Yes No

Will you use NetConnect Batch for Connectivity? Yes No

Will you use NetConnect for connectivity for online authorization only? Yes No

If yes, NetConnect Contact Name: _____ Email: _____

UserId (if existing): _____ Phone: _____

If applicable, name the software vendor and application you will be using to format your files: _____

2. Will you be using the Orbital Payment Gateway? *If this is the first division using the Orbital Payment Gateway, please contact your Relationship Manager

Primary Contact*: Norma Martinez UserID (if existing) _____

Address: 100 N Closser

City: Edinburg State: TX Zip/Postal Code: 78539 Country: US

Phone: 956-318-2200 Email (required): norma.martinez@co.hidalgo.tx.us

*Primary contact must be the merchant contact for security needs.

Auto-Settle Time: 7:00 AM or PM To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle. (If Blank – default will be no auto settle time)

Merchant Time Zone: CST Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)

Profile Management required? If Yes Level of access: *Merchant or **Chain (select one, default is Merchant)

*Merchant level – only requested divisions are available. **Chain level - every new division created will automatically be available

VT Import Functionality? Yes No

Auth Recycling? Yes No # of Recycle Attempts: _____ (Default is 3) # of Days between attempts: _____

3. Will you be using: Paypal/Verisign CyberSource

4. Will you be using the iTerminal? (retail divisions only)

Primary Contact*: _____ UserID (if existing) _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email (required): _____

*Primary contact must be the merchant contact for security needs.

Auto-Settle Time: _____ AM or PM To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle. (If Blank – default will be no auto settle time)

Merchant Time Zone: _____ Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)

Magtek Reader Needed? Yes No If Debit, PinPad Needed? Yes No If Yes, NBS7100 or Verifone SC5000

(If Yes, Magtek Readers are purchase only) (iTerminal is only certified to utilize the above PinPads and are purchase only)

SECTION 8: PROCESSING METHOD (continued)

5. Will you be using a Point-of-sale terminal (US & Canada only) or Point-of-Sale software?

Point of Sales Software:

POS/Software Name: _____ Host Capture Terminal Capture
 Connectivity: Dial NetConnect (If NetConnect see requirements below)
 If NetConnect: Where is your software hosted/configured? Corporate location or Division location
 NetConnect Contact Name: _____ Email address: _____
 UserId if existing: _____ Phone: _____
 PIN Pad Type and quantity? (for PIN BASE DEBIT Only) _____ Quantity: _____
 Is PIN Pad Existing or PIN Pad Purchase Needed
 Injection – Will you be using the Chase Paymentech Encryption Key or you do own your own Encryption Key?
 Who will be injecting the Encryption Key into your PIN Pad? Please select one below :
 Chase Paymentech Solutions Other Vendor Name: _____

Equipment/Terminals:

Will you Purchase? Rent? (US Only) If purchase or rent, date needed by: _____
 Use existing equipment? Yes No Terminal quantity? _____ Printer quantity? _____
 Terminal/Equipment Type: _____ Printer Type: _____
 Host Capture Terminal Capture
 Connectivity: Dial NetConnect Wireless (If NetConnect see requirement below)
 NetConnect Contact Name: _____ Email address: _____
 UserId if existing: _____ Phone: _____
 PIN Pad Type and quantity? (for PIN BASE DEBIT Only) _____ Quantity: _____
 Is PIN Pad Existing or PIN Pad Purchase Needed
 Injection – Will you be using the Chase Paymentech Encryption Key or you do own your own Encryption Key?
 Who will be injecting the Encryption Key into your PIN Pad? Please select one below:
 Chase Paymentech Solutions Other Vendor Name: _____
 Store Phone #: _____ Terminal Line Phone #: _____ Dial Out Prefix (9,8,5): _____
 Customer Service Phone # (if different then Store Phone #) _____
 Equipment/Kits/Imprinters Ship To Address (if different than store location) Please ensure a contact will be available to accept shipment:
Attention to: _____
Default will be Store Manager
 Street Address: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____
 Ship to contact's phone#: _____ Ship to contact's email: _____
 Store Opening Date: _____ Special Requirements: _____

Do you require a "re-program" kit? (overlay, quick reference guide, etc.) Yes No
Do you require an Imprinter? Yes No **Type of Imprinter required:** With Dater or Without Dater
Do you require an Imprinter Plate? Yes No
Do you require a Welcome Kit? (this includes sales drafts, credit drafts, etc) Yes No

Note: When setting up multiple bank accounts, please complete a separate form for each.

| SECTION 9: BANK ACCOUNT INFORMATION | | | |
|---|---|---|---------------------------------------|
| Check only one of the 7 options below | Settlement Currency in which we will fund to you | Deposit (Country where your Bank Acct Resides) | Complete all sections listed: |
| Option #1 <input checked="" type="checkbox"/> | USD | USA <i>(See section A Note section)</i> | A, E |
| Option #2 <input type="checkbox"/> | CAD | CAN | B1 to B3, E |
| Option #3 <input type="checkbox"/> | USD | CAN | B1 to B3, D3, D4, E |
| Option #4 <input type="checkbox"/> | USD | Int'l _____ <i>(list country funds are being deposited in)</i> | C1 to C3, D1, D3, D4, E |
| Option #5 <input type="checkbox"/> | <input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR | Euro Bank or <u>SAME</u> as presentment/settlement currency | C1 and/or C2, C3, E |
| Option # 6 <input type="checkbox"/> | <input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR, <input type="checkbox"/> USD | If <u>DIFFERENT</u> than Settlement Currency Int'l _____ <i>(list country funds are being deposited in)</i> | C1 and/or C2, C3, D1 and/or D2, D4, E |
| Option #7 <input type="checkbox"/> | <input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR | CAN | B1 to B3, D1, D4, E |

| Section A: US BANK ACCOUNT INFORMATION | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|-------------------------------|
| <i>(select preferable method of transfer)</i> | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ACH Transfer | (required even if not selected) | 1 | 1 | 4 | 9 | 1 | 1 | 6 | 8 | 7 | (ABA #) |
| <input type="checkbox"/> Wire Transfer | <i>(See Note)</i> | | | | | | | | | | (Fedwire#) |
| <input type="checkbox"/> BIC/Swift Transfer | <i>(See Note)</i> | | | | | | | | | | (Swift Code: (8 to 11 bytes)) |
| Please Note: BIC/Swift code is required if your division is located outside of the US or Canada and is settling funds in USD. Wire transfer requires both ACH ABA Routing# and Fedwire#. | | | | | | | | | | | |
| Special Wire Instructions: (60 bytes) | | | | | | | | | | | |
| Bank Account #: <u>71015132</u> Company Name: <u>(As appears on Bank Account)</u> County of Hidalgo District Clerk Fee Account | | | | | | | | | | | |
| Financial Institution Name: <u>Lone Star National Bank</u> | | | | | | | | | | | |
| City: <u>McAllen</u> State: <u>TX</u> Zip/Postal Code: <u>78504</u> Country: <u>United States</u> | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Checking OR <input type="checkbox"/> Savings | | | | | | | | | | | |

| Section B: CANADIAN BANK ACCOUNT INFORMATION: Transfer Method EFT Only | | | | | | | | | | | |
|---|--|--|--|--|----------------------------|--|--|--|--|--|---------------------------------|
| B1 | Institution Number: | | | | EFT Branch Transit Number: | | | | | | |
| B2 | BIC/Swift Code: (8 to 11 bytes) | | | | | | | | | | (required if settlement is USD) |
| B3 | Bank Account # _____ Company Name: <i>(As appears on Bank Account)</i> _____ | | | | | | | | | | |
| Financial Institution Name: _____ | | | | | | | | | | | |
| City: _____ Province: _____ Postal Code: _____ Country: <u>Canada</u> | | | | | | | | | | | |
| <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings | | | | | | | | | | | |

SECTION 10: REPORT CENTER AND TRANSACTION HISTORY ACCESS FORM

- Please be sure to include the information below for additional contact that requires access to Transaction History and/or Paymentech Online Report Center.**
- Report delivery will be web based via Paymentech Online.
- Please note: You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online contacts. Chase Paymentech assumes no responsibility or liability of any kind for Merchant's failure to advise Chase Paymentech of changes to or elimination of Paymentech Online Users.

Please be sure to complete all fields below.

Salutation: *Check one:* Mr. Ms. Mrs.

Name: Norma Martinez Title: Accountant

Phone #: 956-318-2200 ext 6258 Fax #: 956-318-2251

Address: 100 N Closer

City: Edinburg State/Prov: TX Zip/Postal Code: 78539 Country: US

Email Address: (40 bytes) norma.martinez@co.hidalgo.tx.us
(username@domain.com)

Does this contact have a Paymentech Online User ID? Yes No If yes, please provide User ID: _____

Does this User require access to: Reporting Transaction History Both Account Masking Yes No

For existing merchants – Is this User replacing an individual with Paymentech Online Access? Yes No

If yes, who? _____ Has this individual left the company? Yes No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access? Yes No

If yes, who? _____

Account Masking? First6/Last4 or Last 4 (select only one)

Salutation: *Check one:* Mr. Ms. Mrs.

Name: Sabrina Guerra Title: Accountant

Phone #: 956-318-2200 Fax #: 956-318-2251

Address: 100 N Closer

City: Edinburg State/Prov: TX Zip/Postal Code: 78539 Country: US

Email Address: (40 bytes) sabrina.guerra@co.hidalgo.tx.us
(username@domain.com)

Does this contact have a Paymentech Online User ID? Yes No If yes, please provide User ID: _____

Does this User require access to: Reporting Transaction History Both Account Masking Yes No

For existing merchants – Is this User replacing an individual with Paymentech Online Access? Yes No

If yes, who? _____ Has this individual left the company? Yes No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access? Yes No

If yes, who? _____

Account Masking? First6/Last4 or Last 4 (select only one)

For additional Users, please submit additional forms.

I, Laura Hinojosa, District Clerk verify that the
(Print Name) (Title)*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant access for these contacts to access Transaction History and/or the Report Center.

Signature: _____

***(must be signed by Executive or Financial Contact)**