



CERTIFIED PAYMENTS by deluxe

Sales Representative *

Daniel Cullinane

Bureau Account Setup Form

(Hereafter, Agency/Department is referred to as Bureau) Please complete the following questions to the best of your knowledge. If you need assistance, contact your sales representative or a member of our Account Executive team at 866-539-2020.



1. Bureau Location

Please complete the basic location information for your agency/department

Bureau Name *

POLK COUNTY TREASURER

ex. Harris County, TX Property Tax

Federal Tax ID *

74-6001621

Bureau Description

ONLINE PAYMENTS

ex. Online Property Tax Payments, Court Fines and Fees Payments

Population

51000

City or County Population

Phone *

(936) 327-6816

Fax

(936) 327-6853

Agency Website *

https://www.co.polk.tx.us/page/polk.C

Time Zone *

Central

Physical Address (No PO Boxes) *

602 E. CHURCH ST.

Street Address

STE. #101

Street Address Line 2

LIVINGSTON

City

Texas

State

77351

Zip Code



2. Bureau Contact Information

Please list main contacts and account administrators.

User Administrator *

Title *

Terri Williams

First and Last Name

Treasurer

Email *

terri.williams@co.polk.tx.us

example@example.com

Phone Number *

(936) 327-6816

Notices and Changes *

Same as User Administrator

Other

Notices and Changes Contact

Title

Lindsay Wade
First and Last Name

Deputy Clerk

Email

lindsay.wade@co.polk.tx.us
example@example.com

Phone Number

(936) 327-6816

Chargebacks *

- Same as User Administrator
- Same as Notices and Changes
- Other

Chargeback Contact

Michelle Laird
First and Last Name

Title

Chief Deputy Treasurer

Email

michelle.laird@co.polk.tx.us
example@example.com

Phone Number

(936) 327-6816



3. Platform

Please select the Platform you will be utilizing *

Certified Payments

Pricing Model *

Service Fee

Agency Absorbed

Payment Methods *

Visa

Discover

Mastercard

eChecking/Savings

American Express

Average Ticket Size *

700.00

Est. average transaction amt

High Ticket Size *

2900.00

In previous 12 months

Average Monthly Volume *

6800.00

In previous 12 months

High Monthly Volume *

6800.00

In previous 12 months

Annual Volume *

100000.00

Gross Payment Collections

Annual Volume (CC) *

0.00

Credit/Debit Card

Credit Card Funding Type

Net

Deferred Days

Please Select

If Gross Is selected please
choose number of deferred
days

eChecking/Savings Funding Type

Net

Please select funding type if
eCheck payments will be
accepted

Card Service Fee Rate

ex. 2.50%

Minimum Service Fee Rate

ex. \$1.00

eCheck Option *

Standard Premium

eCheck Service Fee Rate

ex. \$2.00

*If available, please provide previous processing/merchant statements detailing your current processing volumes.



4. Bureau Type

*Please complete this section only if utilizing the Certified Payments platform

Bureau Type

- Tax
- Court/Clerk
- Justice of the Peace
- Misc. Government Services

- Utility
- Motor Vehicle
- Parks and Recreation
- Other

Payment Channel(s)

- Counter (POS)
- Web (Online)
- IVR (Automated Phone Payments)

- REST API Integration
- Existing Integration Partner
- GenericSTI Integration

- Please see ACG Merchant Application for agency absorbed pricing details.

Estimated/Requested Go-Live Date for Selected Payment Channels *

10-05-2023

Date

Additional Go-Live/Implementation Details



5. CertPay Platform Product Customization

Certified Payments Consumer Web and QuickSTI Counter Payments are customizable in many ways. These options can assist you in accounting for different payment types and applying payments appropriately.

PAYMENT ITEMS and REFERENCE FIELD

1. **Payment Items** are added to identify categories or items in a department's fee schedule (Property Tax, Vehicle Tax, Building Permit, Utility Payment, Business License). The Payment Item Description will appear in the transaction detail and can be added as a column in the Detail Report.

2. The **Reference Field** is a unique identifier for the Payment Item, such as Account Number, Permit Number or Citation Number. It can be alpha-numeric and can be limited to the number of characters allowed. If no Reference Field requirements please enter "Not Applicable". The default will state Reference Number.

1. Payment Item Description

Quarter 1,2,3 & 4

2. Reference Field Description

Name

ADD MORE

COMMENTS FIELD

An optional Comments Field can be added to each line item during the payment. This is helpful as an additional reference field or customer entered details and will appear in the transaction details and on the Detail Report. The default length is 100 characters.

Add Comments Field?

Yes



Comments Field Length

100

Default is 100

PRIVATE LABEL

CertPay Consumer Web allows for custom branding of payment pages with a logo or graphic to match the look and feel of the agency's website. The image must be a PNG file, 300x300 pixels or less. If you need help creating a PNG file, please contact your Sales Representative or Account Executive.

Add Private Label?



Upload Logo/Graphic

Browse Files

Must be .png file, 300x300 pixels or less.

WEB PAYMENT ORIENTATION - If payments should always originate from your hosted site, please list the URL in "Other". Otherwise, choose www.certifiedpayments.net to allow customers to pay from our site as well.

<http://www.certifiedpayments.net>

Website URL



6. Integration and Data Management

Please provide information for any third party software company (the application name and version) utilized for account management and payment. If integration is required between this third party software company and Certified Payments, please provide the point of contact for this vendor.



7. Equipment Deployment and Installation

Certified Payments has a number of equipment options for POS/Counter Payments. Please complete the following information for counter payments. If EMV chip card readers are deployed, and administrative-level technical contact is required to complete installation.

Utilizing Certified Payments' EMV solution requires you meet the following minimum technical requirements. Please confirm with your IT Department that your PCs meet these requirements and acknowledge accordingly by checking the boxes below.

Windows 7, Windows 8 or Windows 10

- USB Port for powering the EMV device
- Latest version of Internet Explorer, Firefox or Chrome Internet browsers
- EMV Solution cannot be installed on RTS Work Stations (TX only); must be a standalone PC
- Firewall must be updated to accept and allow the following URL: <https://emvs.first-american.net/api/EMV/AuthRequest:9999>



8. Bureau Banking Information

The undersigned authority authorizes Certified Payments to deposit ACH credits or initiate wire transfers for the payment of settlements due to and from the Agency Bank Account for such purposes:

Bank Name

FIRST STATE BANK

Bank Contact Name

SHERI FLURRY

Bank Phone

(936) 327-5211

Bank Email

sherif@fsblivingston.bank
example@example.com

Bank Address

112 West Polk

Street Address

PO Box 1277

Street Address Line 2

Livingston

City

Texas

State

77351

Zip Code

Name as it appears on Agency Bank Account

POLK COUNTY

Date Bank Account Opened

01-01-1965

Approximate Date Opened

Bank Routing Number

Agency's Bank Account/DDA Number

113105465

Please upload a copy of a voided check or bank letter (must be on bank letterhead) on the above-referenced bank account. *

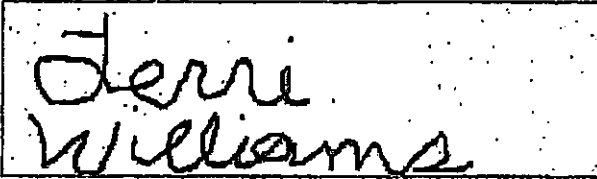
Browse Files

PDF or Image file

[FSB Letter of good standing.pdf](#)

AGENCY'S ACCEPTANCE *

Date *



09-19-2023



Agency Signature

[Clear](#)

Name and Title *

TERRI WILLIAMS POLK COUNTY TREASURER

CERTIFIED PAYMENTS' ACCEPTANCE

Date

Authorized Representative

Name and Title

Abigail Hernandez Operations Manager