

SALES INFORMATION									
IC Sales Rep	Justin Dull				Vertical	Local Gov (Util, Tax, Misc)			
Order Date	8/4/2020	Sales Partner	Civic Systems (Caselle Reseller)		Software Partner	Civic Systems (Caselle Reseller)			
PRODUCTS AND SERVICES									
Products	[EBPP] [IVR] [OBD]								
PAYMENT METHODS ACCEPTED									
Payment Types	[American Express] [VISA/Mastercard/Discover] [ACH/EFT]								
BILLER INFORMATION									
Ownership Type	Government				Phone	(317) 732-4532	Fax		
Legal Name	Town of Whitestown				Website URL	http://whitestown.in.gov/			
Address 1	6210 Veterans Drive				Bus. Open Date	1851			
Address 2					Federal Tax ID				
City	Whitestown				<i>*Federal Tax ID and Legal Name must match on all documents</i>				
State	IN	ZIP	46075						
BILLER CONTACT									
Primary Contact Name	Nicole Rountree								
Phone	(317)732-4332								
Email Address	nroutree@whitestown.in.gov								
SIGNING AUTHORITY									
Name	Matt Sumner				Title	Clerk-Treasurer			
Phone	(317) 732-4532	Fax			Email Address	msumner@whitestown.in.gov			
BILLER PRICING									
Description	Interval	Cost Type	Cost						
ACH Reject Fee Submitter (Chase)	Per Transaction	Fixed (\$)	\$15.00						
Chargeback Fee Submitter (Chase)	Per Transaction	Fixed (\$)	\$15.00						
Invoice Presentment For Paperless Customers	Per Transaction	Fixed (\$)	\$0.40						
Recurring Transaction (ACH only)	Per Transaction	Fixed (\$)	\$0.95						
HARDWARE									
Card Reader Type		Quantity		Cost per Reader		Billing Interval			
Card Reader									
Shipping Addr. (if different than location address)									
Kiosk Type	Device Quantity	Per Device Txn Min	Note: Biller will be charged for the minimum number of transactions listed to left each month per kiosk unity. In addition, if the Biller's order includes kiosks then the terms and conditions of Kiosk Managed Standard SOW (and applicable schedules) are hereby agreed and incorporated by reference						
Standard/In-Door		750							
Thru-Wall		800							
Outdoor Model		850							
BILLER BANK INFO									

**Note: Must include voided business check or bank letter for each unique account**

Billing Method		Bank Name	
Name on Account		Phone	
Bank Address			
Routing #		Last 4 Acct #	

**DATA RETENTION**

Months to Keep	24	*Additional Fees apply if greater than 24 months
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**NOTES/SPECIAL HANDLING**

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**CERTIFICATION AND AGREEMENT**

- A. By signing below, the Biller hereby authorizes Invoice Cloud, Inc. ("Invoice Cloud") to initiate and execute debit/credit entries to its checking/deposit account(s) indicated above at the depository financial institution(s) named above and to debit/credit the same such account(s). The Biller acknowledges that the origination of ACH transactions to its account(s) must comply with the provisions of U.S. law. This authority is to remain in full force and effect until (i) Invoice Cloud has received written notification (by electronic or U.S. mail) from the Biller of its revocation in such time and manner as to allow Invoice Cloud a reasonable opportunity to act on it, but not less than 10 business days notice; and (ii) all obligations of the Biller to Invoice Cloud that have arisen under this Agreement and all other agreements have been paid in full. The Biller must also notify Invoice Cloud, in writing, (by electronic or U.S. mail) when a change in account number(s) or bank has occurred at which time this authorization shall apply to such new/changed account. This notification must be received within 10 business days of change. A fee will be charged for any returned ACH debits.
- B. By signing below, the Biller named: (1) has read, agreed to, and acknowledges receipt of the Biller Agreement, Biller T+C and other Order Forms executed by the Biller, and (2) certifies to Invoice Cloud that he/she is authorized to sign this Order Form; (3) certifies that all information and documents submitted in connection with this Order Form are true and complete; (4) authorizes Invoice Cloud or its agent to verify any of the information given, including credit references, and to obtain credit reports (including a spouse if in a community property state); (5) agrees to pay the Monthly Access Fee through the last day of the month following the effective date of termination as provided in the Billing Agreement; (6) agrees that Biller and each transaction submitted will be bound by the Order Form and the Biller Agreement in its entirety; (7) agrees that Biller will submit transactions only in accordance with the information in this Order Form and Biller Agreement and will immediately inform Invoice Cloud, by email (contracts@invoicecloud.com) if any information in this Order Form changes, and (8) the Biller agrees and understands that outstanding sums due and owing to Invoice Cloud, will be charged daily or monthly and debited from its current depository account. Non-sufficient funds for these debits are grounds for a change in fees or termination of this Agreement. In the event of non-payment of any sums due, Invoice Cloud reserves the right to withdraw such sums from the current depository account at any time to ensure payment of the same.
- C. Pay by Text: Standard data rates and text messaging rates may apply based on the payer's plan with their mobile phone carrier. Payer can opt out of text messaging at any time with Invoice Cloud. Partial payment or overpayment is not supported. Service fees may apply based on the biller set up with Invoice Cloud. Biller may not use the service for activities that violate any law, statute, ordinance or regulation.
- D. By signing below, the Biller hereby gives permission to Invoice Cloud to access his / her credit history via Trans Union, Equifax, or other credit-reporting agency.
- E. The Order Form and the Biller Agreement will become effective only when counter-signed by Invoice Cloud and upon execution by the Biller of such third party agreement required by Invoice Cloud to permit use of the payment function of the Service.

In WITNESS WHEREOF, the parties have executed this Agreement as of this day

**Accepted by Biller:**

**X**

**Corporate Officer**

Matt Sumner

**Printed Name**

Clerk-Treasurer

**Title**

**Accepted by Invoice Cloud, Inc.:**

**X**

**Corporate Officer**

Robert Lapides

**Printed Name**

President

**Title**