

CCSF Treasurer & Tax Collector's Office  
**CREDIT CARD PAYMENT ACCEPTANCE APPLICATION**

**REQUESTOR INFORMATION**

REQUESTING DEPARTMENT:			DEPT NO.:	
Department Address:			ZIP :	
Department Contact:			Phone:	(XXX) 000-0000
Job Title:			Email:	
Address Where Service is Requested (if different from above):				
<input type="checkbox"/> New Service?	<input type="checkbox"/> Add to Existing?	If Add to Existing, check if	<input type="checkbox"/> Online	<input type="checkbox"/> Over-The-Counter (OTC)
Payment Acceptance Service Requested (Please check):	<input type="checkbox"/> Over-The-Counter (OTC) Credit Card (In-Person)		<input type="checkbox"/> Online Credit Card	
	<input type="checkbox"/> Both OTC and Online		<input type="checkbox"/> Not Sure	

**DEPARTMENT BACKGROUND INFORMATION**

Brief Description of Department's Plans on Accepting Credit Cards:

  
  
  

Average Number of Transactions/Mo. (est. ok):							
Average Cash Value of Transactions/Mo. (est. ok):							
Average \$ Amount per Transaction/Ticket:							
Transaction Type to Be Conducted: (Select one)	Method of Payment To Be Accepted: (Select All That Apply)						
<input type="checkbox"/> In-Person (OTC) Only <input type="checkbox"/> Online (Gateway only)	<input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> E-Checks						
<input type="checkbox"/> Both In-Person and Online <input type="checkbox"/> Not Sure	<input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX (Online Only) <input type="checkbox"/> Debit Card						
Department Has Existing Settlement Account? (ex.: C1, C2, C3, etc)	<table border="1"> <tr> <td><input type="checkbox"/> YES</td> <td>If YES, Please Provide Account Number(s):</td> <td>GL #</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> YES	If YES, Please Provide Account Number(s):	GL #	<input type="checkbox"/> NO		
<input type="checkbox"/> YES	If YES, Please Provide Account Number(s):	GL #					
<input type="checkbox"/> NO							

**FOR OVER-THE-COUNTER (IN-PERSON) CARD REQUESTS ONLY**

Dedicated Phone Line Installed?	<input type="checkbox"/> YES	If YES, provide location (i.e. counter accessible to dept staff, customer area, etc.):	
	<input type="checkbox"/> NO	If NO, provide timeframe for installation	
If Add To Existing, provide:	MID:		DDA:
Number of Terminals Requested:		Terminal Location:	

**CONTACT INFORMATION**

Primary Contact:		Phone:	(XXX) 000-0000
Job Title:		Email:	
Secondary Contact:		Phone:	(XXX) 000-0000
Job Title:		Email:	

**TREASURY BANKING SERVICES USE ONLY**

Routing and Transit Number:	121-000-358	DDA Account Number:		Bank:	
Account Name:			FAMIS Treas. No.		
Reviewed By:			Date:		