

SALES INFORMATION								
IC Sales Rep	Carlyn Altheide		Vertical	Local Gov (Util, Tax, Misc)				
Order Date	11/16/2021		Billing Software	Harris - Cayenta				

BILLER INFORMATION									
Ownership Type	Government			Phone	+1 509-575-6026	Fax			
Legal Name	City of Yakima			Website URL	yakimawa.gov				
Address 1	129 North 2nd Street		Bus. Open Date	1886					
Address 2			Federal Tax ID	91-6001293					
City	Yakima		*Federal Tax ID and Leg	egal Name must match on all documents		ts			
State	WA	ZIP	98901						

BILLER CONTACT		
Primary Contact Name	James Dean	
Phone	(509) 576-6615	
Email Address	james.dean@yakimawa.gov	

SIGNING AUTHORITY							
Name	Bob Harrison			Title	City Manager		
Phone	509.575.6000 Fax			Email Address	bob.harrison@yakimawa.gov		

BILLER BANK ACCOUNT (FOR INVOICE CLOUD AND NETWORK FEES, AND AS PROVIDED IN THE BILLER AGREEMENT)								
	Note: Must include voided business check or bank letter for each unique account							
Billing Method	Direct Debit							
Routing #	125000105		Last 4 Acct #	7411				
		•						

PAYMENT METHODS ACCI	EPTED
Payment Methods	[American Express] [VISA/Mastercard/Discover] [PayPal] [ACH/EFT]

BILLER PRICING (see Invoice Type Parameter Sheet(s) for invoice-type-specific pricing)*								
Description	Interval	Cost Type	Cost					
Biller Portal Access Fee	Monthly	Fixed (\$)	\$0.00					
Credit Card - Chargeback Fee Non-Submitter	Per Transaction	Fixed (\$)	\$10.00					
EFT - ACH Reject Fee Non-Submitter	Per Transaction	Fixed (\$)	\$15.00					
PayPal Brands - Chargeback Fee (PayPal Brands)	Per Transaction	Fixed (\$)	\$10.00					
Invoice Presentment For Paperless Customers	Per Transaction	Fixed (\$)	\$0.25					
Online Bank Direct - OBD Access Fee	Monthly	Fixed (\$)	\$0.00					

HARDWARE			
Card Reader Type	Quantity	Cost per Reader	
Card Reader		Billing Interval	

Shipping Address	
(if different than location	
address)	

DATA RETENTION Months to Keep 24 *Additional Fees apply if greater than 24 months

IMPLEMENTATION CHARGES							
Description	Interval	Cost					
Implementation (per SOW)	One-Time	\$0.00 (WAIVED)					

NOTES/SPECIAL HANDLING

Payment Method Add-on Requirements: American Express and PayPal Brands

Product Add-on Requirements: AgentConnect (formerly CSRConnect)

Product Change Requirements: Conversion from 3rd party IVR to Invoice Cloud IVRTG platform

This BOF documents pricing changes for the 3-year contract extension.



BILLER ORDER FORM INVOICE TYPE PARAMETER SHEET

Invoice Type Parameters must be completed for each invoice type

Invoice Type	Utility	Pricing Model	Non-Submitter	

CURRENT BILLING DETAILS											
Please inc	Please indicate how many bills are sent monthly by placing the bill count for each month below:										
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
18000	18000	18000	18000	18000	18000	18000	18000	18000	18000	18000	18000

Avg CC Transaction \$	205.00	Max Invoice \$	125000.00	Bill Frequency	Bi- Monthly	Avg. Bills Per Month	18000
--------------------------	--------	----------------	-----------	----------------	----------------	-------------------------	-------

PRODUCTS AND SERVICES

Products and Services [EBPP/SSO] [IVR] [OBD] [AgentConnect]

TRANSACTIONAL PRICING (Paid by Biller)						
Payment Source Description	Payment Method	Fee Rate %	Fee Amount \$	Additional Fee \$	Biller Pays Network Fees	
All Payment Sources	Credit/Debit/PayPal		\$0.95		Yes	
All Payment Sources	ACH/EFT		\$0.50		Yes	
Online Bank Direct	ACH/EFT		\$0.25		Yes	
IVR	All Payment Methods		\$0.70		Yes	
	TRANSACTIONAL PRICING EXCEPTIONS					

SERVICE FEES (Paid by Payer)						
Payment Source Description	Payment Method	Fee Amount	Calculation Type	Max Payment \$	Min. Fee (S) per Transaction	
All Payment Sources	Credit/Debit/PayPal			\$125000.00		
All Payment Sources	ACH/EFT			\$125000.00		
SERVICE FEE EXCEPTIONS						

BILLER BANK ACCOUNT (FOR DEPOSITS AND CHARGEBACKS)						
	Note: must include voided business check or bank letter for each unique account					
Routing #	125000105	Last 4 Acct #	7411			

NOTES / SPECIAL HANDLING



BILLER ORDER FORM INVOICE TYPE PARAMETER SHEET

Invoice Type Parameters must be completed for each invoice type

Invoice Type	Miscellaneous Accounts Receivable (MISCAR)	Pricing Model	Non-Submitter	
--------------	--	---------------	---------------	--

CURRENT BILLING DETAILS											
Please inc	Please indicate how many bills are sent monthly by placing the bill count for each month below:										
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
700	700	700	700	700	700	700	700	700	700	700	700

Avg CC Transaction \$	6500.00	Max Invoice \$	125000.00	Bill Frequency	Monthly	Avg. Bills Per Month	700
--------------------------	---------	----------------	-----------	----------------	---------	-------------------------	-----

PRODUCTS AND SERVICES

Products and Services [EBPP/SSO] [IVR]

TRANSACTIONAL PRICING (Paid by Biller)						
Payment Source Description	Payment Method	Fee Rate %	Fee Amount \$	Additional Fee \$	Biller Pays Network Fees	
All Payment Sources	Credit/Debit/PayPal		\$0.95		Yes	
All Payment Sources	ACH/EFT		\$0.50		Yes	
IVR	All Payment Methods		\$0.70		Yes	
TRANSACTIONAL PRICING EXCEPTIONS						

SERVICE FEES (Paid by Payer)					
Payment Source Description	Payment Method	Fee Amount	Calculation Type	Max Payment \$	Min. Fee (S) per Transaction
All Payment Sources	Credit/Debit			\$125000.00	
All Payment Sources	ACH/EFT			\$125000.00	
SERVICE FEE EXCEPTIONS					

BILLER BANK ACCOUNT (FOR DEPOSITS AND CHARGEBACKS)					
	Note: mus	t include voided	business check or bank	k letter for each unique account	
Routing #	125000105	Last 4 Acct #	7411		

NOTES / SPECIAL HANDLING