

**Electronic Value Transfer Administrator  
Form EVTA-2, Key Merchant Services (KMS) Work Order  
Contract PS65792**

Authorized User Code	Date	Requisition No.	Comptroller's ID No.:	Commodity Group No.: <b>79008</b>	Work Order No.
Authorized User & Federal Identification #:			EVT Program # (s) (from Part 3 of Form EVTA-1):	KMS Merchant #:	
Contractor:  Key Merchant Services, LLC Two Concourse Parkway, Suite 800 Atlanta, GA 30328			Authorized User:		
Unless otherwise indicated, all prices are F.O.B. Destination					
Item No.	Description of Services	Start Date	End Date*	Estimated Annual VISA/MasterCard/Discover Costs**	Estimated Total Costs (entire term)
	Provide Electronic Value Transfer Services in accordance with this EVTA-2, Work Order		08/02/2017		

\*Note: End date cannot extend beyond 08/02/2017, unless extended pursuant to the Contract.

\*\*Note: The annual amount should relate to the remaining fiscal year period.

**This EVTA-2 Work Order is effective and binding when it contains the approval from the Electronic Value Transfer Administrator, is signed by the Authorized User and is transmitted to KMS. Unique terms or conditions added by the Authorized User are limited to such terms and conditions that reflect specific requirements, which do not otherwise amend the Agreement and must have Authorized User's and Contractor's written approval.**

\_\_\_\_\_  
**Electronic Value Transfer Administrator**  
**(New York State Department of Taxation and Finance)**

**Authorized User acknowledges that it has reviewed the Contract and all Appendices and agrees to abide by the same**

<b>Authorized User Signature</b>	<b>Signature:</b>	<b>Name:</b>
	<b>Title:</b>	<b>Date:</b>

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**The State of New York is an Equal Opportunity/Affirmative Action Employer.**

## **Exemption from Taxes**

All EVT orders from New York State agencies are exempt from certain federal taxes, and New York State and local sales taxes pursuant to Articles 28 and 29 of the New York State Tax Law. This Form EVTA-2 Work Order must be accepted in lieu of an exemption certificate; the vendor must retain a copy of this work order to prove that the sale was exempt. Do not include taxes from which the State is exempt when submitting invoices.

## **Introduction**

Form EVTA-2 Work Order, authorizes KMS to initiate reimbursable activities, associated with providing the specific financial processing services, software and/or equipment for the implementation of the Authorized User's Electronic Value Transfer program. All Authorized Users must use this work order form as the formal document to commence reimbursable services. All Authorized Users must provide KMS with an approved copy of Part 3 of Form EVTA-1, Program Plan Application, indicating authorization to implement an EVT program before services requested on this document can be officially started. For more information regarding Form EVTA-1, Program Plan Application, visit the Electronic Value Transfer Administrator's Web site at: <http://www.tax.ny.gov/evta/>.

## **Using the OGS EVT Contract with KMS**

The following steps describe the process for using the OGS EVT Contract with KMS. For more information refer to OGS' Contract Award Notice available at their Web site ([www.ogs.state.ny.us/purchase](http://www.ogs.state.ny.us/purchase)). Note: The following five steps apply to State agencies; non-State Agencies should omit steps 3 and 4.

Step 1: Complete this Form EVTA-2, Work Order.

An Authorized User, in conjunction with KMS, must complete this Form EVTA-2, Work Order to identify the specific services, equipment and software it intends to procure under the contract. In completing this work order, an Authorized User will also be identifying its program's technical details, projected costs and any unique terms and conditions. Instructions for completing this form are found in the *How to Complete Form EVTA-2, Work Order* section.

Step 2: Obtain KMS approval for unique terms or conditions.

Any terms or conditions included in this Form EVTA-2, which are not provided for in the KMS Contract, shall be reviewed and approved in writing by KMS. Section 6, *Unique Terms or Conditions*, of this form must be used to identify any unique terms or conditions. KMS shall approve any such unique terms or conditions by completing the signature lines at the end of Section 6 of this form.

Step 3: Submit completed work order to the EVTA for approval (**only State Agencies require approval of the EVTA**)

Once completed, State Agencies must submit this work order to the Electronic Value Transfer Administrator (Department of Taxation and Finance). State Agencies must receive approval from the EVTA prior to proceeding. The EVTA's evaluation will verify that the services to be provided to State Agencies are reflective of the scope of the State Agency's approved Program Plan. The EVTA will use the EVTA approved signature box on page 1 of this form to indicate its approval. The EVTA will return the EVTA-2 back to the State Agency.

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An electronic copy of Form EVTA-2 can be submitted as an e-mail attachment sent to:

EVTA@tax.ny.gov

Or a paper copy of the form can be mailed to:

EVTA Unit

NYS Tax Department, Room 700, Bldg. 8

State Campus

Albany, New York 12227

## Step 4

- a) The State Agency should include the following materials electronically in the work order package submitted through the SFS: a cover memorandum explaining the general intent of the State agency's EVT program, and
- b) one (1) copy of Form EVTA-2 approved by the EVTA and signed by the State agency and an electronic copy of Part 3 of Form EVTA-1, Program Plan Application indicating Program Plan approval by the EVTA and the Division of the Budget,
- c) Authorized User will issue a purchase order referencing the centralized contract number. For SFS users, this will reference the centralized contract number in the Master Contract ID field. NOTE: The amount of the encumbrance should be an estimated value for all service, software, equipment and fees anticipated for both the balance of the first fiscal year of the EVT program and for the total value for the entire term of the State Agency's program commitment (not to extend beyond 8/02/2017, unless extended pursuant to the Contract). The EVTA will assist a State Agency in developing these estimates if assistance is needed.

## Step 5: Submit work order to KMS.

***State Agency Authorized Users:*** EVTA will return an electronic copy of Form EVTA-2 indicating their approval. The State Agency should affix an approved cover page to a copy of the balance of Form EVTA-2, retain one copy for their records and provide another to KMS to commence services.

***Non-State Agency Authorized Users:*** Provide KMS with a completed Form EVTA-2 and any other credit evaluation or underwriting information required by KMS to commence services.

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**How to Complete Form EVTA-2, Work Order**

An Authorized User (State agencies and others authorized to use OGS contracts) should complete a Form EVTA-2, Work Order for payment programs approved through the Form EVTA-1, Program Plan Application process. An Authorized User should utilize the EVTA Guidelines at <http://www.tax.ny.gov/evta/>, KMS, and the OGS Contract Award Notice at <http://ogs.ny.gov/default.asp> when completing this work order. The EVTA Unit is available to assist an Authorized User in completing this work order.

This work order includes the following sections that must be fully completed, where applicable, by the Authorized User, in conjunction with KMS:

Section 1	Authorized User and Contractor Information,
Section 2	KMS Work Order Check List
Section 3	Training Requirements
Section 4	Equipment
Section 4(a)	Equipment owned by Authorized User
Section 4(b)	Equipment to be Rented
Section 4(c)	Equipment/Software to be Purchased
Section 5	Other Administrative Requirements
Section 6	Unique Terms or Conditions (Including Convenience Fees)

Instructions are contained within each of these sections to assist an Authorized User in completing this work order. Most of these sections require the Authorized User to provide cost estimates for the services, equipment and software to be acquired from KMS.

# Electronic Value Transfer Administrator Form EVTA-2, Key Merchant Services (KMS) Work Order Contract PS65792

Section 1. Authorized User and Contractor Information			
<p><i>Instructions.</i> Please provide the following contact information about the Authorized User and KMS.</p> <p><i>Line a.</i> Provide the Authorized User name and program name(s) as they appear on the Form EVTA-1, Program Plan Application(s). The Program #(s) are assigned by the EVTA and can be found in Part 3 of Form EVTA-1.</p> <p><i>Line .b</i> Provide the DBA (doing business as) name, if different from the Authorized User name. Include DBA address if it is different from the Authorized User address. If multiple DBAs will be used, please indicate and such information will be obtained during implementation.</p> <p><i>Line c.</i> Provide the Authorized User's mailing address.</p> <p><i>Line d.</i> To be supplied by the Authorized User, provide the name of the primary contact for this program and include their e-mail address, phone and fax numbers.</p> <p><i>Line e.</i> Provide the Authorized User's customer service telephone number and website (and list the customer service website address if it is different)</p> <p><i>Line f.</i> Authorized User Tax ID Number (if multiple numbers are to be used, provide a list of all names and numbers). Also, submit a copy of the Authorized User's W9 to KMS if different from those previously provided.</p> <p><i>Line g.</i> Check if additional locations/merchant identification numbers are required. Provide a separate sheet with the information requested, or contact KMS who will supply a form for this information.</p> <p><i>Line h.</i> To be supplied by KMS, provide the name of the KMS account management contact for this program and include their e-mail address and phone number.</p> <p><i>Line i.</i> For Non-State Agency Authorized Users, supply financial statements or website where statements are located.</p>			
a	Authorized User Name		
	Program Name(s)		
	Program #(s)		
b	DBA name (if different from above)	<input type="checkbox"/> Multiple DBAs to be used	
c	Authorized User Address (street address, city, state, zip)		
d	Authorized User Contact	E-Mail Address	
	Phone Number (include cell if applicable)	Fax #	
e	Authorized User Customer Service Phone Number	Authorized User Website	
f	Authorized User Tax ID#	Additional Tax ID#	
g	Additional Locations	<input type="checkbox"/> Check if additional locations/merchant ID numbers are required. If checked, attach a separate list with the following information for each additional location/merchant ID: Additional Location Name, Address, City, Zip, Phone, Fax, Mailing Address (if different), Contact Name, Bank Account info (if different than in Section 2), SIC Code, Description of Products/Services, and any other information that differs from the other sections of this Work Order. KMS can provide a form for this use when requested.	
h	KMS Account Manager	Email Address	

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Section 1. Authorized User and Contractor Information			
	Phone Number		
i	Financial Statements (Non-State Agencies)	<input type="checkbox"/> Financial Statements provided	Online Website

Section 2. KMS Work Order Check List
<p><i>Instructions.</i> Please provide the following contact information:</p> <p><i>Line a.</i> Provide card brand and types accepting (note that acceptance of card types not selected will result in Interchange downgrades) and estimated annual sales and transaction volume for all Visa, MasterCard and Discover transactions, average ticket value and MCC Code. Provide Amex information, if applicable.</p> <p><i>Line b.</i> Provide a description of the product/services offered, please be specific.</p> <p><i>Line c.</i> Identify the processing environments used and the percentages; total must equal 100%.</p> <p><i>Line d.</i> Identify when the cardholder receives the product or service.</p> <p><i>Line e.</i> Identify how KMS is authorized to collect its fees (e-1 for State Agencies and e-2 for Non-State Agencies). For State Agencies, chargebacks, returns and other amounts will be collected in the same method as the KMS fees, unless another option is agreed upon and approved by the State as required. For Non-State Agencies, select the method for collection of KMS fees and the collection of chargeback, returns and other amounts.</p> <p><i>Line f.</i> Provide bank account information for funds deposit</p> <p><i>Line g.</i> Provide bank account information for direct debits, if applicable.</p> <p><i>Line h.</i> Provide bank account information for chargebacks.</p> <p><i>Line i.</i> Provide hardware, auto settle, VAR/Gateway information, if applicable.</p>

a	Initial Account Setup (Visa, MasterCard, Discover)	<input type="checkbox"/> <b>ALL</b> Visa, MasterCard Credit and Debit (signature and pinless/offline) and Discover [does not include PIN (online) Debit – selection in following section].  <b>OR</b> select from the following: <input type="checkbox"/> Visa Credit <input type="checkbox"/> Visa Debit (signature) <input type="checkbox"/> MasterCard Credit <input type="checkbox"/> MasterCard Debit (signature) <input type="checkbox"/> Discover
	Initial Account Setup (Amex)	<input type="checkbox"/> Amex (authorization only) Amex service establishment number:
	PIN (online) Debit	<input type="checkbox"/> PIN (online) Debit (PIN pad required)
	Estimated Annual Sales Volume:	\$ _____ Annual Transactions
	Estimated Average Ticket Value:	\$ _____ MCC Code
b	Description of Products/Services:	

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c	Processing Environment	<input type="checkbox"/> Card Present (swiped) % <input type="checkbox"/> Card Present (not swiped) % <input type="checkbox"/> Telephone Order ____% <input type="checkbox"/> Internet ____% (Visa/MasterCard website requirements apply) <input type="checkbox"/> Mail Order ____%
d	Delivery	When does the cardholder receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> Not same day # of days (including shipping time frame) Is any product/service delivery over 1 year? <input type="checkbox"/> Y <input type="checkbox"/> N For internet transactions: List website: "Contact Us" email address:
e-1	<b>State Agencies Fee Collection Model</b>	<input type="checkbox"/> Direct Debit (allowed for State Agencies with EVTA approval) <input type="checkbox"/> Monthly Net Settlement (allowed for State Agencies with EVTA approval) <input type="checkbox"/> Invoice <input type="checkbox"/> Other [contact KMS for other options; indicate method in section 6(c)]
e-2	<b>Non-State Agencies Fee Collection Model</b>	<b>KMS Fees</b> <input type="checkbox"/> Direct Debit <input type="checkbox"/> Monthly Net Settlement <input type="checkbox"/> Other [contact KMS for other options, including invoicing; indicate method in Section 6(c)]  <b>Chargebacks, returns and adjustments</b> <input type="checkbox"/> Direct Debit <input type="checkbox"/> Monthly Net Settlement
f	Bank Account Section (Deposit Account)	Name on Account: Bank Name: Bank Address: Bank Contact Name _____ Phone: _____  ABA/Routing # _____ Account # _____ <b>Attach bank confirmation letter or Pre-printed voided check when submitting to KMS.</b>
g	Bank Account Section (Direct Debit Account, if applicable)	Name on Account: Bank Name: Bank Address: Bank Contact Name: _____ Phone: _____  ABA/Routing # _____ Account # _____ <b>Attach bank confirmation letter or Pre-printed voided check when submitting to KMS.</b>

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h	Bank Account Section (Chargeback account, if different from above)	Name on Account: Bank Name: Bank Address: Bank Contact Name: <span style="float: right;">Phone:</span>
		ABA/Routing # <span style="float: right;">Account #</span> <b>Attach bank confirmation letter or Pre-printed voided check when submitting to KMS.</b>
i	If using hardware, method of communication: Dial <input type="checkbox"/> or IP <input type="checkbox"/> If Dial, is there a dialing access number used (e.g., 0, 9, 1, etc.)? <input type="checkbox"/> Y <input type="checkbox"/> N What is the number? Type of Dial line: <input type="checkbox"/> Dedicated (preferred) <input type="checkbox"/> Tone <input type="checkbox"/> Pulse (rotary) <input type="checkbox"/> Shared line w/ fax <input type="checkbox"/> Switchboard	
	Auto Settle: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, specify time:	
	If using VAR Service Provider (hosted):  Provider Name: Product Name: Version #: Elavon Certified: <input type="checkbox"/> Y <input type="checkbox"/> Cert pending <input type="checkbox"/> N Provider Contact Name: Provider Phone: Provider Email: Comments:	If using Gateway:  Provider Name: Product Name: Version #: Elavon Certified: <input type="checkbox"/> Y <input type="checkbox"/> Cert pending <input type="checkbox"/> N Provider Contact Name: Provider Phone: Provider Email: Comments:

Section 3. Training Requirements			
Training Requirements	<i>Instructions:</i> Select the training desired and provide contact information.		
	<input type="checkbox"/> No Training <input type="checkbox"/> Training Only <input type="checkbox"/> Download Only <input type="checkbox"/> Download and Training  Training Contact Name: Training Contact Phone #: Training Contact Email:		





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<b>Section 5. Other Administrative Requirements</b>		
<p><i>Instructions.</i> Complete to identify any other administrative requirements of the Authorized User.</p> <p><i>Line a.</i> Identify the Authorized User Unique Field and the detailed makeup of the field. Describe its use by the Authorized User and what record and positions the field is located. <b><i>Not usually needed</i></b></p> <p><i>Line b.</i> Identify the Authorized User Contact that will be receiving the electronic invoices, if applicable, and indicate the contact's mailing address, phone and fax numbers, and email address.</p> <p><i>Line c.</i> Identify the Authorized User contact that will be receiving the chargeback data and indicate the contact's mailing address, phone and fax numbers, and email address.</p> <p><i>Line d.</i> Identify the Authorized User contact that will be receiving the retrieval requests and indicate the contact's mailing address, phone and fax numbers, and email address.</p> <p><i>Line e.</i> Identify the Authorized User contact that will be receiving copy requests (requests for copies of transaction receipts) and indicate the contact's mailing address, phone and fax numbers, and email address.</p>		
a	Authorized User Unique Field – Up to 20 positions	
b	Billing contact (name, address, phone, fax, email), or if no invoices, other Authorized User that is the billing contact.	
c	Chargeback contact (name, address, phone, fax, email)	
d	Retrieval requests contact (name, address, phone, fax, email)	
e	Copy requests contact (name, address, phone, fax, email)	

<b>Section 6. Unique Terms or Conditions (including Convenience Fees)</b>			
<p><i>Instructions.</i> Complete to identify any terms or conditions required by the Authorized User beyond those provided for in the KMS Contract. Enter "None" (or check No) as a response to each line in which no unique terms or conditions are required. Note: KMS must approve this section in writing if any unique terms or conditions are identified.</p> <p><i>Line a.</i> Indicate if a convenience fee will be charged to the cardholder. If you are planning on charging a fee to the cardholder, please describe how the fee will be computed. (Note: Use of convenience fees must be approved by Visa, MasterCard and Discover through KMS.) KMS-Managed fees require a separate agreement.</p> <p><i>Line b.</i> If the convenience fee qualifies as a Government/Public Institution Service Fee, complete the information requested.</p> <p><i>Line c.</i> Identify and describe any other required terms or conditions beyond those provided for in the contract.</p> <p><i>Line d.</i> KMS to sign if it agrees to the unique terms and conditions identified in c.</p>			
a	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none; vertical-align: top;">           Convenience Fees (Merchant-managed only)         </td> <td style="border: none;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No            If yes, describe how the fee will be computed         </td> </tr> </table>	Convenience Fees (Merchant-managed only)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how the fee will be computed
Convenience Fees (Merchant-managed only)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how the fee will be computed		

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Section 6. Unique Terms or Conditions (including Convenience Fees)						
b	Government/Public Institution Service Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below: <u>Government/Public Institution Service Fee (GPISF) Funding Model (check one if Merchant elects GPISF assessment)</u> <input type="checkbox"/> Elavon-managed (not available under this Contract; must sign separate agreement) <input type="checkbox"/> Merchant-managed <u>GPISF Programs (check all that apply)</u> <input type="checkbox"/> MasterCard Convenience Fee Program for Education and Government Merchants <input type="checkbox"/> Visa Tax Payment Program <u>Payment Transaction types for GPISF Assessment (not all payment/transaction types are supported for all programs) (check all that apply)</u> <input type="checkbox"/> Credit – check all that apply <div style="margin-left: 20px;"> <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <input type="checkbox"/> Discover (available if Elavon-acquired)           </div> <input type="checkbox"/> Signature Debit – check all that apply <div style="margin-left: 20px;"> <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <input type="checkbox"/> Discover (available if Elavon-acquired)           </div> <input type="checkbox"/> PIN-based Debit <u>Elavon Product Supporting GPISF Assessment (check all that apply)</u> <input type="checkbox"/> Enterprise Billing Solutions (Schedule K required if checked) <input type="checkbox"/> Service Fee Terminal (VeriFone vx750) <div style="margin-left: 20px;"> <input type="checkbox"/> Limited Acceptance (Visa, MasterCard, and Discover credit cards only)  <input type="checkbox"/> MasterCard and Discover credit cards and signature debit cards           </div> <input type="checkbox"/> Merchant Proprietary Solution or Value-Added Servicer <input type="checkbox"/> Other				
c	Other 1, specify:					
	Other 2, specify:					
	Other 3, specify:					
d	KMS Agreement to terms or conditions identified in line c above	KMS agrees to any and all unique terms or conditions identified in line c above <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Signature:</td> <td style="width: 50%; border: none;">Name:</td> </tr> <tr> <td style="border: none;">Title:</td> <td style="border: none;">Date:</td> </tr> </table>	Signature:	Name:	Title:	Date:
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