



K-12 MERCHANT PROCESSING AGREEMENT

Card Only ACH Only Dual

HEARTLAND CONTACT INFORMATION

RM: N/A Phone: 800-423-2113 Fax: 585-227-8594
 Affiliate/Partner ID: MYSB1 Affiliate Name: MySchoolBucks Current MID: _____

COMPANY INFORMATION

Merchant DBA Name: Iowa City Community School District DBA Phone#: 319-688-1021
 Address: 1155 S. Riverside Drive # Locations: N/A
 City: Iowa City State: IA Zip: 52246
 CS Phone #: 800-803-6755 Fax #: 585-227-8594
 Primary Contact Name: Alison Demory Phone #: 319-688-1021
 Secondary Contact Name (optional): _____ Phone #: _____
 Email Address: MCSActivations@e-hps.com
 (Heartland InfoCentral Admin User Email Address)
 Email Contact: First Name: HSS Admin Support Last Name: N/A
 Website Address: _____
 District Name: Iowa City Community School District Federal Tax ID / EIN: 42-6023567
 (Please Complete - Must correspond with IRS Filing Name) (Must correspond with Legal Name)
 Address: same as above Phone #: same as above
 City: same as above State: same as above Zip: same as above

CARD FEE SCHEDULE

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	Annual Volume:	Average Ticket:
Visa	0%	2.50¢	0¢ 0¢		\$25,000	High Ticket: \$45
MasterCard	0%	2.50¢				<input type="checkbox"/> Service Fee (Pass Through/Single Transaction)
Discover/JCB	0%	2.50¢				<input type="checkbox"/> COST PLUS
PIN Debit*					*Plus Applicable Debit Network Fees	

RECURRING FEES

Chargeback Fee:	\$0	Voice Authorization Fee:	\$0	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Daily Net
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SETTLEMENT

INTERCHANGE QUALIFICATION

CARD ACCEPTANCE

DEPOSIT METHOD

<input checked="" type="checkbox"/> MOTO / Internet <input type="checkbox"/> Retail <input type="checkbox"/> Small Ticket	<input checked="" type="checkbox"/> All Cards Accepted	<input checked="" type="checkbox"/> Standard
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ACH FEE SCHEDULE

Transaction Fee (Dial or IP)	0¢	2.50¢	Annual ACH Volume: \$2,500	Average ACH Amount: \$21.00
Monthly Fee		\$0	Average # of ACH Transactions per Month: 40	
Return Item Fee		\$0	Max ACH Limit: 120.00	
Re-presentment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Limitation of 2 per NACHA guidelines)			Re-presentment Fee: \$N/A	
<input checked="" type="checkbox"/> K12-OnePay Program Fee: Single: \$12.95 Multi: \$26.95			ACH Settlement Method: <input checked="" type="checkbox"/> Daily Net <input type="checkbox"/> Monthly Net	

MERCHANT DETAIL

Type of Business: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Date Business Started: 01/01/1900	Business is Conducted: 100% Consumer
Type of Ownership: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> L.L.C.	Do you process web based sales through HPS: Yes	
Has your business experienced a cardholder account data compromise: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what was the date of the compromise: <u>N/A</u> Note: A copy of the completed Forensic Investigation is required with Application.	
What Products and / or Services do you provide: <u>Payment for nutrition and school fees</u>		
Is there a peak week / date in the month for processing recurring transactions: (i.e., 1 st and 15 th):		<u>N/A</u>
Define your Refund Policy: <u>Managed by Heartland School Solutions</u>		

MERCHANT DETAIL (continued)

Sales Method				Card Processing Method		
On Premise Face to Face Sales	0%	Mail Order Sales	0%	Card Swipe	0%	
Off Premise Face to Face Sales	0%	Real-Time Internet	0%	Keyed / Card Not Present	100%	
Inbound Telephone Order Sales	0%	Internet (keyed)	100%	Total = 100%		
Outbound Telephone Order Sales	0%	Recurring Billing	0%	ACH Processing Method		
Total = 100%				PPD 0%	WEB 100%	
What percentage of your Bankcard volume is future delivery				0%	CCD 0%	TEL 0%

STATEMENT OPTIONS

DISPUTE LETTERS

Statement Type:	<input checked="" type="checkbox"/> Standard	Mail Options:	<input type="checkbox"/> Legal <input checked="" type="checkbox"/> DBA
Mail Statements To:	<input checked="" type="checkbox"/> Suppress Strmts <input type="checkbox"/> District	Electronic Options*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax (*Select mail option as backup)
<input checked="" type="checkbox"/> All Electronic Communications (Including ACH Returns):			
<input checked="" type="checkbox"/> Same Email as InfoCentral <input type="checkbox"/> Preferred Email Address: MCSActivations@e-hps.com			

AUTHORIZED SIGNER(S) INFORMATION

(1) District/Authorized Signer Name: (printed) <i>Craig Hansel</i>	Title: <i>CFO</i>
SSN: N/A	Driver's License #: N/A
Home Address: N/A	City: N/A
ST: N/A	Zip: N/A
(2) District/Authorized Signer Name: (optional) <i>Leslie Finger</i>	Title: <i>Budget & Finance</i>
SSN: N/A	Driver's License #: N/A
Home Address: N/A	City: N/A
ST: N/A	Zip: N/A

DEBIT / CREDIT AUTHORIZATION

By signing below, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings/GL Account and validates the accounts are in good standing. This authority shall remain in full force until (a) Acquirer has received written notification from Merchant of its termination; and (b) all obligations of Merchant to Acquirer under this Agreement have been paid in full.

Depository Bank Name: <i>midwest one</i>	Phone #: <i>319-356-5800</i>
City: <i>Iowa city</i>	ST: <i>Iowa</i> Zip: <i>52240</i>

CARD	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one) <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	0739 01233	3999912
FUNDS TRANSFER METHOD <input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input checked="" type="checkbox"/> Both		

CARD	TRANSIT ROUTER / ABA NUMBER (9 digits)	ACCOUNT NUMBER (14 digits)
ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	N/A	N/A
FUNDS TRANSFER METHOD <input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input type="checkbox"/> Both		

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AGREEMENT ACCEPTANCE, CERTIFICATION and CONSUMER REPORT AUTHORIZATION

Has your District filed Bankruptcy, had Judgments or Liens within the last 3 years: Yes No

Merchant authorizes Acquirer, reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of this Application. I further certify that I have received, read, understand and agree to the Merchant Processing Agreement Terms and Conditions which together with this application shall constitute the agreement(s) between the parties. I further certify that this business or any Owner/Officer/Authorized Signer has never been terminated as a Visa, MasterCard, Discover or American Express Merchant.

X <i>[Signature]</i>	<i>Craig Hansel</i> CFO	<i>6-17-14</i>
(1) Authorized Signer Signature	Print Name & Title	Date
X <i>[Signature]</i>	<i>Leslie Finger</i> Director of Budget & Finance	<i>6-17-14</i>
(2) Authorized Signer Signature (optional)	Print Name & Title	Date
X		
Witness Signature	Print Name & Title	Date

THE TERM OF THIS AGREEMENT IS 36 MONTHS

