



CASELLE®

COMMUNITY CONNECT

PRICE PROPOSAL FOR Crest Hill, City
of - IL



PRICING & TERMS

Pricing is based on the following information provided by the Crest Hill, City of - IL:

CLIENT OVERVIEW	
Bills/Month (Est.)	6700
Average Payment (Est.)	175
Credit Card Transactions (Est.)	N/A
ACH Transactions (Est)	N/A
Pricing Model	Convenience Fees

PAYMENT FEES	
Credit/Debit Card	3%
ACH	\$1.50
All fees include recurring, one-time payments, all payment channels, and all card brands (Visa, MasterCard, American Express and Discover).	

OTHER FEES	
Text Notifications – Charged per outbound text notification to each contact	\$0.10 per outbound (Waived)
Chargeback	\$15 per Chargeback
Unauthorized ACH Return	\$15 per Unauthorized ACH Return
ACH Return	\$2.5 per Return
PCI Compliance Fee	\$8 per month (Waived)

COMMUNITY CONNECT PORTAL FEES			
Base Package – Utility Payments		\$100/mo	
Portal Add-Ons:			
Miscellaneous	\$10/mo	Permits	\$15/mo
Business License	\$15/mo	Accounts Receivable	\$15/mo
Business Tax		Custom Forms	
Implementation Fee – Includes integration, billing process configuration, portal setup, and staff training		Included	
Client Support - Unlimited phone + e-mail inquiries.		Included	
Cash Receipting Web Services		Existing Application	
Utility Management Web Services		Existing Application	
Business Web Services		N/A	

- I. Unless otherwise specified, Implementation Fee includes up to six (6) hours of implementation work by Caselle staff. Any required work above six hours will be billed hourly increments at \$200/hour.
- II. All clients will be invoiced in advance of implementation. All invoiced fees are due at receipt and required to begin implementation, unless otherwise specified.
- III. Community Connect Portal application fees will be invoiced with all other Caselle applications. For clients billed for support annually, Community Connect Portal application fees will be invoiced initially on a pro rata basis to align with the client's upcoming renewal.
- IV. For clients absorbing the payment processing fees, clients will be charged via direct deposit monthly by our payment processing partner, Zift.

Entity Name	Crest Hill, City of - IL
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Account Type

Complete a separate Pricing Agreement for each deposit account and/or Account Type that is required.

General Government	Yes
Utility	Yes
Visa Registered Utility Biller	No

Absorb Processing Fees?

Visa / Mastercard / Amex / Discover	No
ACH	No

Convenience Fee Rates (Visa / Mastercard / Amex / Discover)

Rules				Percentage Fee	Per Item Fee
Between	\$0.00	-		0.00%	
Over	0	-		3%	
N/A		-		0.00%	\$0.00
N/A		-		0.00%	\$0.00
N/A		-		0.00%	\$0.00

Convenience Fee Rates (ACH)

Rules				Percentage Fee	Per Item Fee
	\$0.00	-		0.00%	\$1.50
N/A		-		0.00%	\$0.00
N/A		-		0.00%	\$0.00
N/A		-		0.00%	\$0.00
N/A		-		0.00%	\$0.00

Processing Fees

Only applicable for accounts absorbing fees.

Pricing Type	NA
Visa / Mastercard / Discover / Amex Rate	NA
Visa / Mastercard / Discover / Amex Per Item	NA
ACH Rate	NA
ACH Per Item	NA

****NOTICE AND DISCLOSURE OF CARD ASSOCIATION PASS-THROUGH FEES "COST":** Each card organization assess fees to merchants in connection with transactions outside of the bank's control, such as dues and assessments, fixed acquirer network fees, international/cross-border transaction fees, network access and data usage charges. These fees apply to all merchants, regardless of bank, processor or ISO affiliation and are passed through at cost to you, the merchant, and are not marked up. For interchange pass through pricing, by signing this Custom Pricing Quote and Agreement, you accept and agree to these pass-through fees and understand that they may change from time-to-time without notice.

Fixed Fees

Applicable to all accounts.

Per Chargeback	\$15.00
Per ACH Return	\$2.50
Per Unauthorized ACH Return	\$15.00
Monthly PCI Validation Fee	\$8.00 (Waived)

Additional Instructions

By proceeding, you agree to the fees outlined in this Caselle Proposal and agreement and acknowledge acceptance of the associated Terms and Conditions.

Accepted By: _____ Title: _____

Signature: _____ Date: _____

Contact Information

Please provide the employee information the team will be working with to setup and implement this order.

Name:

Email:

Phone Number:

Address: 20600 City Center Blvd., Crest Hill, IL, 60403