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Merchant Application

Business Information

Merchant's Legal Name: CITY OF JACKSON   Department (DBA): RM-CC

Physical Street Address (No PO Boxes): 101 COURT STREET

City: JACKSON   State: MO   Zip Code: 63755-1807

Phone: 573-243-3568   Fax: 573-204-8292

Customer Service/General Office Phone Number: Website: WWW.JACKSONMO.ORG

Primary Contact-System Administrator:	Secondary Contact-Billing:
Name: JOAN EVANS	Name: CRYSTAL REID
Business Phone: 573-243-3568	Business Phone: 573-243-3568
E-mail: IT@JACKSONMO.ORG	E-mail: AP@JACKSONMO.ORG

IT Contact:	Third Party Vendor (If Applicable)
Name: SARAH MOONIER	Vendor Name: GWORKS SIMPLECITY
Business Phone: 573-243-3568 x2044	Contact Name: Contact Phone:
E-mail: IT@JACKSONMO.ORG	Email:

Business Profile

Federal Tax ID: Merchant Time Zone: Central   Cut-Off Time: 12:00 AM

Avg. Bill Amt.: $ Max. Bill Amt.: $ Gross Annual $ Collected (Cash/Check/CC/Money Order): $

Bank Account Where Funds Will Be Deposited

Deposit Transit Routing/ABA Number (9 Digits):   Deposit Bank Account Information DDA/Checking Account #:

If a Different Bank Account Is Needed to Debit Fees, Provide the Information Below

Debit Transit Routing/ABA Number (9 Digits): N/A   Debit Bank Account Information DDA/Checking Account #: N/A

Select Services   Select Payment Types To Be Accepted   Pricing

☐ Internet (WEB)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ eCheck ☑ All	**See and sign the Pricing Schedule
☐ Phone (IVR)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ eCheck ☐ All	
☑ Terminal (POS)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ All Number of Terminals Select	

What type of services or products are you accepting payments for?
BUILDING PERMIT FEES, LICENSING FEES

Notifications

Name: LISA BEUSSINK   Phone Number: 573-243-4404   Email: PAYMENT@JACKSONMO.ORG
☑ Returned Check ☑ Training ☑ Reporting ☐ IT ☑ Accounting ☑ Notifications/Maintenance ☐ All

Name: LIZA WALKER   Phone Number: 573-243-3568   Email: CLERK@JACKSONMO.ORG
☐ Returned Check ☐ Training ☑ Reporting ☐ IT ☑ Accounting ☑ Notifications/Maintenance ☐ All

Name: SARAH MOONIER   Phone Number: 573-243-3568   Email: IT@JACKSONMO.ORG
☐ Returned Check ☐ Training ☐ Reporting ☐ IT ☐ Accounting ☑ Notifications/Maintenance ☑ All

Name: Phone Number: Email:
☐ Returned Check ☐ Training ☐ Reporting ☐ IT ☐ Accounting ☐ Notifications/Maintenance ☐ All

Terminals

Should a Field Be Collected on the Point of Sale Terminal.

☐ Yes ☑ No

If Yes, Provide the Names of the Fields to Be Collected - i.e., Cashier ID or Invoice Number

Name _____

Name _____

Does The Terminal Require a Static IP Address?

☐ Yes ☑ No

Receipt Header Information

_____

_____

_____

_____

_____

Signature: _____   Date: _____

Printed Name: DWAIN L HAHS   Title: MAYOR