



ONLINE Utility Collections Customer Setup Package

Client Name: City of Mount Pleasant

Office Address: 100 Public Square

Mount Pleasant, TN 38474

Office Location County:

Mailing Address: 100 Public Square

Mount Pleasant, TN 38474

ONLINE Account Executive: Shane Burger

If you have any questions regarding how to fill out this form please contact your ONLINE Account Executive at (866) 630-6400.

General Account Information

Placement Type: Primary

Commission Rate: 35 % < 1 year (from disconnect date to placement date)

50 % > 1 year (from disconnect date to placement date)

Itemization Date you will be providing:

Do you have Express Consent for Telephone Contact:

Please provide a sample of your contract/agreement/Terms & Conditions showing consumers provide express consent to your Account Executive. Effective date of TCPA Agreement

Types of Claims to be Referred:

Electric	<input type="checkbox"/>	Cable	<input type="checkbox"/>	Water	<input type="checkbox"/>
Gas	<input type="checkbox"/>	Wireless Telephone	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Damages	<input type="checkbox"/>	Residential Telephone	<input type="checkbox"/>	Other:	

Do you need separate accounts setup for different types of claims:

Discount Authorization: % (Discount Percentage Authorized)

Software Vendor:

Using Collections Interface: ☐

Is the company Tax Exempt:

If Tax Exempt, please provide Tax Exemption Certificate:

Referral Method:

Manual Entry via Website: ☐

Collections File Upload: ☐

SFTP Transfer: ☐

Payment Reporting Method:

Manual Entry via Website: ☐

Collections File Upload: ☐

SFTP Transfer: ☐

Internal Use Only: Special Instructions:

Invoicing/Billing/Monthly Payment Method:

Invoice Type:

Monthly Invoice Auto-Pay Options:

Credit Card: ☐

Bank Draft: ☐

Access Security Requirements:

ONLINE requires Subscribers to utilize ONLINE's IP Address Restriction security feature. This prevents someone from obtaining user credentials and accessing information from outside your company's physical location. If you do not have static IP Addresses ONLINE has an alternate token solution you will need to use.

Does your organization have static IP Addresses?

Single IP Address:

OR

IP Address Range:

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Website User Setup Form

[illegible]

Client Contacts

Training Contact:

Administrative Contact:

Receive Email Invoices: ☐

Receive Account Acknowledgement: ☐

Receive Announcements: ☐

Validation/Acknowledgement Contact:

Receive Email Invoices: ☐

Receive Account Acknowledgement: ☐

Receive Announcements: ☐

Balance Checks Contact:

Receive Email Invoices: ☐

Receive Account Acknowledgement: ☐

Receive Announcements: ☐

Accounts Payable Contact:

Receive Email Invoices: ☐

Receive Account Acknowledgement: ☐

Receive Announcements: ☐

Technical Contact:

Receive Email Invoices: ☐

Receive Account Acknowledgement: ☐

Receive Announcements: ☐

At least one individual must be flagged to receive the emailed invoice.

Recurring Monthly Payment Authorization Form

I authorize ONLINE Information Services, Inc. on behalf of City of Mount Pleasant (Company) to charge/debit our account indicated below on the 5th business day of each month for payment of our ONLINE Information Services invoices.

100 Public Square
Mount Pleasant, TN 38474

Checking/Savings Account <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Name on Account:	Card Holder Name:
Bank Name:	Account Number:
Bank City/State:	Expiration Date:
Routing Number	CVV (3 Digit Number on back of card)
Account Number:	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ONLINE in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that ONLINE may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.