

**EXHIBIT A**

**REQUEST FOR APPROVAL TO ACCEPT MERCHANT CARD SERVICE (“MCS”) PAYMENTS**

**Part 1** – To be completed only by State Entities and USG institutions. Attach a separate page if necessary.

Entity Name:	Contact Person:
Telephone Number:	Title:
Email address:	Date:
Recommended MCS Provider:	

*Please provide the following information. Use a separate page and attach other documentation if necessary.*

1. List the types of taxes or fees being collected

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2. Provide the projected annual gross dollar amount of collections

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3. Provide the projected annual volume/number of transactions by tax or fee source

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4. List the payment locations

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5. List the methods of acceptance, such as card reader/swipe, Electronic Cash Register/PC, mail, telephone, IVR, the internet, or other (specify)

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6. Provide the projected annual dollar amount of all MCS processing fees (including interchange, access, assessment, transaction, and admin fees.)

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7. Provide a summary of the economic and other benefits that would accrue to the state. Include in the summary such issues as the impact on state revenues and expenditures, improvement in labor and operating efficiencies, customer payment compliance, increase in collections, reduction in bad check losses or bad debts, staffing considerations, delays in processing payments, earlier receipts of funds, increase in sales,

and the effect on customers.

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8. Source of payment of transaction fees must be approved by OPB.

A. Appropriated state funds:

The Office of Planning and Budget must approve any state entity requesting MCS fees to be absorbed by appropriated state general funds.

B. Convenience fees:

A convenience fee may not be imposed if prohibited by state law or credit card company regulations. Any convenience fee must be related to convenience to the customer, such as eliminating a need to make a payment in person. Any sharing of convenience fees between the vendor and a state agency is prohibited unless written approval is provided by the Office of Planning and Budget. Convenience fees should offset the cost of online collections and any state entity that collects excess convenience fees must remit these excess fees to OST at the end of each fiscal year.

C. Added into the price of goods and services provided.

Indicate all sources of payment (A, B, or C above) and provide a description of MCS fees.

A. Appropriated State Funds:

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B. Convenience Fees:

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C. Added to price of goods received:

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Each state entity must complete GTA's questionnaire below. This is required for all applicants.

### GTA Questionnaire

Is this a new MCS program or are you migrating to a new credit card processor? (required)

- New  
 Migrating

Which processor are you planning to use? (required)

- BB&T  
 SunTrust  
 Wells Fargo

What is your projected annual transaction volume? **(required)**

- Less than 20,000 transactions
- 20,000 to 1M transactions
- 1M to 6M transactions
- More than 6M transactions

Are you handling only card-not-present transactions (e-commerce or mail/telephone order)? **(required)**

- Yes
- No

Is all processing of cardholder data entirely outsourced to third-party service providers? **(required)**

- Yes
- No

Does your agency electronically store, process, or transmit any cardholder data on your systems or premises? **(required)**

- Yes
- No

Would you like a GTA representative to contact you to discuss any questions? **(required)**

- Yes
- No

Do you agree to follow the GTA standard regarding PCI compliance (link provided above)? **(required)**

- Yes
- No

Please contact GTA at 404.463.2300 or [cto@gta.ga.gov](mailto:cto@gta.ga.gov) if you have questions regarding the GTA Questionnaire.

**Part 2: The following section to be completed by OPB-GTA-OST.**

OST Designated Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPB Designated Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPB Designated Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GTA Designated Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OST Designated Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_