

EXHIBIT A

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

Part 2 – To be completed only by local government entities

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

Provide a description of the funds that will be collected. Per OCGA 50-1-6, please note that State taxes or fees may not be collected via credit card without formal approval of the State Depository Board.

Approvals:

OST Designated Reviewer Signature: _____ Date: _____

OST Designated Approver Signature: _____ Date: _____