*This survey is to gather and identify all pertinent information regarding how your agency/division accepts credit card and online ACH payments ONLY. Please fill out each section to the best of your knowledge.*

***General Information***

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Name:** |  | **Location:** |  |
| **Department ID:** |  | **Dept. website:** |  |
| **Division Name:** |  | **Division website:** |  |
| **Merchant DBA & MID:** |  | **Online ACH:** |  |
| **Dept. Description:** |  | | |

|  |  |  |
| --- | --- | --- |
| **MERCHANT DBA\*\*\*** | **FSF XREF** | **MID** |
|  |  |  |

***Department Contacts***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Title** | **Email** | **Telephone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *DTI Contact for your agency/division* |  |  |  |  |

***Payment Acceptance Methods (Credit Card & online ACH Only)***

|  |  |  |
| --- | --- | --- |
| **Method** | **Accepted** | **Details** |
| In-person (face to face): |  | *Do you accept face-to-face card transactions (e.g. swiping, entering into system)?* |
| eCommerce: |  | *Do you accept online payments?* |
| Phone: |  | *Do you accept payments over the telephone?* |
| Fax: |  | *Do you accept payments via fax?* |
| Mailed: |  | *Do you accept payments that come in via the US Post Office?* |
| Emailed: |  | *Do you accept payments via email?* |
| Interagency Mail: |  | *Do you accept payments that come in from across state courier mail?* |
| Third-Party Vendors: |  | *Any third-party vendor providing system programming, gateway services.* |

***Equipment***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Host Terminal Type (Point of Sale)/ Virtual Terminal** | **Serial Number** | **Hard Wired/ Wireless Connection** | **IP Address(es)** | **Location** |
|  |  | Choose an item. |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Storage***

|  |  |  |  |
| --- | --- | --- | --- |
| Paper/Forms/Printed | *Do you store any documents with credit card or ACH information (card number, expiration, CVC, bank account number, routing number)?* | Yes | No |

***Additional Notes/Questions***

|  |
| --- |
|  |

***(THE BELOW TO BE COMPLETED BY OST***)

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