|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Org. Agency Code | | Date | Requisition No. | | Comptroller's  Contract No.: **PS65669** | | Commodity Group No.:  **79008** | | Work Order No. |
| Authorized User Federal Identification #: | | | | | EVT Program #(s) (from Part 3 of Form EVTA-1 | | | | |
| VENDOR:  American Express – Government SRG  Merchant Services  PO Box 53773  Phoenix, AZ 85072  With an electronic copy to:  American Express  Attn: Kristin Carberry  Kristin.m.carberry@aexp.com | | | | | Authorized User: | | | | |
| Unless otherwise indicated, all prices are F.O.B. Destination | | | | | | | | | |
| Item No. | Description of Services | | | Start Date | | End Date\* | | Estimated Annual  Cost\*\* | Estimated  Total Cost  (entire term) |
|  | Provide Electronic Value Transfer Services in accordance with attached EVTA-2, Work Order | | |  | | 10/31/2021 | | $ | $ |

\*Note: End date cannot extend beyond 10/31/2021.

\*\*Note: The annual cost should relate to the remaining fiscal year period

This EVTA Work Order is effective and binding when it contains the approvals from the Electronic Value Transfer Administrator, is signed by the Originating Agency and is submitted with a valid Purchase Order and is transmitted to the Contractor. Notwithstanding the foregoing, unique terms and conditions added by the Authorized User in section 6 pursuant to the authority in Appendix B §§40 or 44, must have Contractor’s written approval before the Work Order takes effect and becomes binding. By signing this Form, authorized User agrees to be bound by the terms and conditions of contract PS65669, except as modified by sections 4, 5 and 6 of this Form.

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Electronic Value Transfer Administrator**  **(New York State Office of General Services)** | | |  |
| **Originating Agency Signature** | | **Signature:** | **Name:** | | |
| **Title:** | **Date:** | | |

The State of New York is an Equal Opportunity/Affirmative Action Employer.

**[This section is primarily for NYS Agencies]**

**Exemption from Taxes**

All EVT orders from New York State agencies are exempt from certain federal taxes, and New York State and local sales taxes pursuant to Articles 28 and 29 of the New York State Tax Law. This Form EVTA-2 Work Order must be accepted in lieu of an exemption certificate; the vendor must retain a copy of this work order to prove that the sale was exempt. Do not include taxes from which the State is exempt when submitting invoices.

### Introduction

Form EVTA-2, Work Order, in conjunction with a valid Purchase Order, authorizes Contractor to initiate reimbursable activities, associated with providing the specific financial processing services for the implementation of the Authorized User’s Electronic Value Transfer program. All Authorized Users must use this work order form as the formal document to commence reimbursable services. All Authorized Users must provide AMEX with an approved copy of Part 3 of Form EVTA-1, Program Plan Application, indicating authorization to implement an EVT program before services requested on this document can be officially started. For more information regarding Form EVTA-1, Program Plan Application, visit the Electronic Value Transfer Administrator’s Web site ([www.ogs.ny.gov](http://www.ogs.ny.gov)).

**Using the OGS EVT Contract with Contractor**

The following steps describe the process for using the OGS EVT Contract with Contractor. For more information refer to OGS’ Contract Award Notice available from their Web site ([www.ogs.ny.gov/purchase](http://www.ogs.ny.gov/purchase)). Note: The following three steps all apply Authorized Users;

Step 1: Complete this Form EVTA-2, Work Order.

An Authorized User, in conjunction with Contractor, must complete this Form EVTA-2, Work Order to identify the specific services it intends to procure under the contract. In completing this work order, Authorized Users will also be identifying their program’s technical details, projected costs and any unique terms and conditions. Instructions for completing this form are found in the *How to Complete Form EVTA-2, American Express Work Order* section on page 3.

Step 2: Obtain Contractor approval for unique terms or conditions.

Any terms or conditions included in this Form EVTA-2, that are not provided for in the Contract, shall be reviewed and approved in writing by Contractor. Section 6, *Unique Terms or Conditions,* of this form must be used to identify any unique terms or conditions. Contractor shall approve any such unique terms or conditions by completing the signature lines at the end of Section 6 of this form. If Merchant has local laws that impact payment processing, such law must be identified and presented in this section.

Step 3: Submit the completed work order to the EVTA (**State agencies also require EVTA approval at this step**).

Once completed, a state agency must submit this work order to the Electronic Value Transfer Administrator (Department of Taxation and Finance) for approval. The EVTA’s evaluation will verify that the services to be provided are reflective of the scope of the agency’s approved Program Plan. The EVTA will use the Electronic Value Transfer Administrator approved signature box on page 1 of this form to indicate its approval. The EVTA will return the approved EVTA-2 back to the agency.

**An electronic copy of Form EVTA-2 can be submitted as an e-mail attachment sent to:**

**PS\_SW\_EVTA@ogs.ny.gov**

**How to Complete Form EVTA-2, Work Order**

An Authorized Users should complete a Form EVTA-2, Work Order for payment programs approved through the Form EVTA-1, Program Plan Application process. An Authorized User should utilize the EVTA Guidelines at [www.ogs.ny](http://www.tax.ny.gov/evta).gov Contractor, and OGS’ Contract Award Notice at [www.ogs.ny.](http://www.ogs.ny.)gov when completing this work order. The EVTA unit is available to assist an Authorized Users in completing this work order.

This work order includes the following sections that must be fully completed, where applicable, by the Authorized User, in conjunction with the Contractor:

* Section 1 Authorized User and Contractor Information,
* Section 2 Work Order Check List,
* Section 2.1 Initial Account Setup,
* Section 3 Training,
* Section 4 Other Administrative Requirements,
* Section 5 Other Services, Reporting, and
* Section 6 Unique Terms or Conditions.
* Section 7 Cardholder Data Storage & Service Provider (PCI DSS)

Line-by-line instructions are contained within each of these sections to assist Authorized Users in completing this work order. Most of these sections require the Authorized User to provide cost estimates for the services to be acquired from Contractor.

| *Section 1. Authorized User and Contractor Information* | | | | |
| --- | --- | --- | --- | --- |
| *Instructions*. Please provide the following contact information for the Authorized User and American Express.  *Line a.* Provide the Authorized User Name and Program Name(s) as they appear on the Form EVTA-1, Program Plan Application(s). The Program # (s) is assigned by the EVTA and can be found in Part 3 of Form EVTA-1.  *Line b.* Provide the Authorized User’s mailing address.  *Line c.* To be supplied by the Authorized User. Provide the name of the primary contact for this program and include their e-mail address and phone and fax numbers.  *Line d.* American Express’ account management contact for this program and their e-mail address and phone and fax numbers. | | | | |
| a | Authorized User Name |  | | |
| Program Name(s) |  | | |
| Program #(s) |  | | |
| b | Authorized User Address |  | | |
|  | | |
|  | | |
| c | Authorized User Contact |  | E-Mail Address |  |
| Phone Number |  | Fax Number |  |
| d | Contractor Account Contact |  | E-Mail Address |  |
| Phone Number |  | Fax Number |  |

| *Section 2. Contractor Work Order Check List* | | |
| --- | --- | --- |
| *Instructions*. Please provide the following contact information.  *Line a.* Select how your NYS or non-NYS agency wants to provide for fee payments/chargebacks/etc. to the vendor (AMEX)  *Line b.* Provide card brand and types accepting and estimated annual sales volume and average ticket value (volume/transactions).  *Line c.* Provide bank account information - where funds will be deposited.  *Line d.* Provide Non-bank card information if applicable. | | |
| |  |  |  | | --- | --- | --- | | **a** | **State Agencies**  AMEX Fee Collection Model | **Direct Debit (allowed for State Agencies with EVTA approval)**  **Monthly Net Settlement (allowed for State Agencies with EVTA approval)**  **Invoice**  **Other [contact AMEX for other options; indicate method in section 6(c)]** | | **Non-State Agencies**  AMEX Fee Collection Model | **Direct Debit**  **Monthly Net Settlement**  **Other [contact AMEX for other options; indicate method in section 6(c)]**  **Chargebacks, returns and adjustments**  **Direct Debit**  **Monthly Net Settlement** | | | |
| **b** | Initial Account Setup | **American Express** |
| Estimated Annual Sales Volume: | $ |
| **c** | Bank Account Section: | **Authorized User Account Information**  Bank Name:  Routing # Account #  **Attach bank confirmation letter or voided pre-printed check** |
| **d** | Non-Bankcard |  |
|  | American Express | AMEX Service Establishment Number: |

| Section 2.1. Initial Account Setup | | | |
| --- | --- | --- | --- |
| *Instructions*. Complete this section for accepting American Express cards.  *Line a.* List the Merchant IDs as provided by Contractor, which will be used to identify the source of card payments. Use a separate column for each Merchant ID to be used. Copy the table to list more than two Merchant IDs. Enter “to be provided” if the Merchant IDs have not been provided before submitting this work order to the EVTA.  *Line b.* If multiple Merchant IDs are used, provide a brief description identifying the distinguishing characteristics of payments processed under the different IDs (e.g., “NYCE transactions, district office 1” or “MAC transactions, district office 2”).  *Line c.* Identify the Authorized User account to which settled funds will be transferred. Supply a copy of a cancelled check or a letter from the Authorized User bank to Contractor authorizing transfers to the Authorized User’s bank account.  *Line d*. Estimate the number of transactions to be processed during the balance of the first fiscal year, then, use the EVTA Rate  Calculator to estimate the processing costs for these transactions. *Please refer to the instructions in the EVTA Rate Calculator “C2” worksheet for the completion of costs associated with the entries made in the columns below. If there is more than one “Merchant ID” listed under this Section, re-use the EVTA Rate Calculator worksheet to calculate the costs for each Merchant ID. To maintain a record of these estimates before re-using the EVTA Rate Calculator, complete the program identification information at the bottom of the worksheet and print the individual sheet.*  *Line e*. Estimate the total number of transactions to be processed during the entire term of the program and use the EVTA Rate Calculator to estimate the total processing costs for these transactions (not to exceed five years). *To compute the costs for the entire term, re-use the worksheet to compute costs for each year of the program. To maintain a record of these estimates before re-using the EVTA Rate Calculator, complete the program identification information at the bottom of the worksheet and print the individual sheet.* | | | |
| a | Merchant ID |  |  |
| b | ID Usage |  |  |
| c | Authorized User Account  Information | Bank Name :  Routing # :  Account # : | Bank Name :  Routing # :  Account # : |
| d | Estimated 1st Year - # of Trans.&  Cost | # of Transactions:  Cost: $ | # of Transactions:  Cost: $ |
| e | Estimated Total-  # of Trans. & Cost  (entire term) | # of Transactions:  Cost: $ | # of Transactions:  Cost: $ |

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| **Section 3.Training** | | | | |
|  | *Instructions:* Describe the implementation training to be provided – include dates and locations, if known. Implementation Training is provided at no additional charge. | | | |
|  | | | |
| Estimated 1st Yr. Cost | No additional charge | Estimated Total Cost | No additional charge |
| Standard On-going Training | *Instructions:* Describe the standard on-going training to be provided – include dates and locations, if known. Standard On-going Training is provided at no additional charge. | | | |
|  | | | |
| Estimated 1st Yr. Cost | No additional charge | Estimated Total Cost | No additional charge |

|  |  |  |
| --- | --- | --- |
| Section 4. Other Administrative Requirements | | |
| *Instructions*. Complete this section to identify any other administrative requirements of the Authorized User.  *Line a.* Identify the Authorized User person who will be receiving the monthly invoices and indicate that person’s mailing address.  *Line b.*  Identify the Authorized User person who will be receiving the chargeback data. | | |
| a | Invoicing: (Billing statement contact: name/phone#/address) |  |
| b | Chargeback(contact: name/phone#/address) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 5. Other Services, Reporting** | | | | |
| Standard Reporting  (Contractor must approve below if this section varies from section 3.3 of the Base Agreement) | *Instructions: Describe the standard reports that will be provided, include frequency (e.g., daily, monthly) and medium (e.g., paper, electronic, or both). Standard reports are provided at no additional charge* | | | |
|  | | | |
| *Estimated 1st Yr. Cost* | *No additional charge* | *Estimated Total Cost* | *No additional charge* |
| Ad-Hoc Reporting (Contractor must approve below) | *Instructions: Describe the ad-hoc reports that will be provided, include frequency (e.g., daily, monthly) and medium (e.g., paper, electronic, or both).* | | | |
|  | | | |
| Contractor Approval Signature | *Contractor agrees to any and all unique terms or conditions set forth in Section 5 above* | | | |
| *Signature::* | | *Name:* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6. Unique Terms or Conditions** | | | |
| *Instructions*. Complete this section to identify any terms or conditions required by the Authorized User beyond those provided for in the Contract. **Enter “None” (or check no) as a response to each line in which no unique terms or conditions are required**. Note: Contractor must approve this section in writing if any unique terms or conditions are identified. Unique terms and conditions can only be added through this document.  *Line a.* Identify and describe any security requirements beyond those provided for in the contract.  *Line b.* Identify and describe any confidentiality requirements beyond those provided for in the contract.  *Line c.* Indicate if a convenience fee will be charged to the cardholder. If you are planning on charging a fee to the cardholder, please describe how the fee will be computed.  *Line d.* Identify and describe any other required terms or conditions beyond those provided for in the contract.  *Line e.* To be completed by Contractor if any line a thru d identifies unique terms or conditions | | | |
| a | Security |  | |
| b | Confidentiality |  | |
| c | Convenience Fee | Yes  No  If yes, describe how the fee will be computed: | |
| d | Other 1, specify: Local laws impacting payment to contractor: |  | |
|  |
| Other 2, specify: |  | |
|  |
| e | Contractor Approval Signature | Contractor agrees to any and all unique terms or conditions set forth in Section 6, lines a - d above. | |
| Signature: | Name: |
| Title: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Section 7, Unique Terms or Conditions*** | | | |
| Cardholder Data Storage Compliance & Service Provider | | | |
| **\*\*\*\*\* PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system pass, transmit, store or receive full cardholder's data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you (merchant) must validate PCI DSS compliance (see 1(b) below and questions 3 and 4 must be completed). If you use a payment gateway, they must be PCI DSS compliant. \*\*\*\*\*** | | | |
|  | |  | |
| 1. Have you ever experienced an Account Data Compromise "ADC"? Yes  No | | If yes, provide date of compromise: | |
| a) Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes  No | | | |
| If yes, go to 1(b); If no, go to #2 | | | |
| b) Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? | | | |
| c) What is the name of your Qualified Security Assessor "QSA" or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D | | | |
| d) Date of last scan | Approved Scanning Vendor's name: | | |
| 2. Are you using a "dial-up" terminal or “TTC” Touch Tone Capture? Yes  No | | | |
| 3. Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Number "FCN", electronically? Yes  No | | | |
| a) If yes, where is card data stored? Merchant’s location only Merchant’s Headquarters/Corp office only | | | |
| Primary Service Provider Both Merchant & Service Provider(s) Other Service Provider All Apply | | | |
| 4. What Primary Service Provider/Software Developer did you purchase your point of sale “POS” application from (ie software, gateway)? | | | |
| a) What is the name of the Service Provider/Software Developer’s software application? | | | Software Version #? |
| b) Do your transactions process through any other Service Provider (ie web hosting companies, gateways, corporate office)? Yes  No | | | |
| c) If yes, name the other Service Provider? | | | |