

# First Data Merchant Services LLC /Santander Work Order Form Contract PS68915

This Work Order Form is to be used by Authorized Users selecting to enter into agreement with Payment Processing Services Contractor: First Data Merchant Services, LLC., Contract PS68915.

1. Once the Authorized User's Payment Program has received NYS Office of General Services (OGS) approval of this Work Order Form, the project will begin with a scheduled Kick-Off Call between the Payment Program and the Contractor.
2. During this Kick-Off Call, the Authorized User will be provided with all boarding documents and training request materials. The forms together provide the information necessary to support program implementation.
3. Contact Information for Contract PS68915 may be found at [Award 23111 Contact Information OGS Website](#).

## Authorized User / Organization Information

Authorized User Name:

Payment Program Name:

Address:

City:

State:

Zip:

URL:

(if ecommerce)

If you are an Existing Merchant, provide Chain Number:

(If a new participant and there is no existing chain merchant number, one will be assigned)

**Authorized User Contact Information**

Contact Name:

Title:

Main Address:

City:

State:

ZIP:

Phone:

Email:

**Settlement Bank Account Information**

Depository bank for settlement of funds name:

NOTE: We require a Bank Letter confirming ABA and DDA

**For Debit Blocks** –. Please add First Data to the list of Company IDs that should be allowed to debit the bank account. First Data’s *Company ID 900000002* is required for First Data to debit the account for negative batches and chargebacks.)

**Equipment**

**List new terminals.** Replacement Terminals require submission of a new Work Order form to OGS.

Replacing an existing terminal being rented or leased will request ‘Call Tag’ to return.

Equipment Type (e.g., terminal, PinPad)	Purchase / Lease	Quantity	Name & Model	TID of Terminal Being Replaced (if applicable)

**Billing information**

**Complete Billing information and Select Billing Options and Delivery Method**

**Email Bill:      Send Bill via regular mail:      Debit my account:      Daily:      Monthly:**

Contact Name:

Title:

Main Address:

City:

State:

Zip:

Phone:

Email:

**EVTA Work Order Form Approval**

EVTA Approval #:

Signature of EVTA Approval:

Date of Signature: