

## **Merchant Card Participant Setup Form** **SunTrust Merchant Services / State of NC**

### **INSTRUCTIONS**

1. This Setup Form is to be completed by an entity desiring to be a participant in the Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and SunTrust Merchant Services (STMS). Only one Participant Setup Form is to be completed by each participant (also referred to as a “chain”), providing information about the participant (entity). For each merchant number (also referred to as an “outlet) that the entity may be setting up, an additional supplemental form (Merchant Card Outlet Setup Form) is also to be completed. The forms together provide information necessary for OSC staff, DST staff, and STMS staff to establish the appropriate setups on various systems (Merchant numbers, ClientLine, Navis Portal, Capture Method; Settlement bank account, Depository Bank Online access, billing information, statement rendering, etc). They also provide the appropriate contact information for OSC regarding the business contact person, and the technical contact person for technical / security matters.
2. In addition to the execution of this Participant Setup Form, the participant must complete an “Agency Participation Agreement (APA),” to be executed by the Chief Fiscal Officer (1-Participant; 2-OSC; 3-DST; 4 -SunTrust Merchant Services).
3. The Participant should also fill out a Coalfire Enrollment Form. All participants currently enrolled or desiring to enroll in the Merchant Card Master Services Agreement that OSC has with SunTrust Merchant Services (STMS) are required to also enroll in the Navis Portal to allow the participant to be “validated” as being “compliant” with the PCI Data Security Standard (PCI DSS).
4. The APA and Coalfire Enrollment Forms should be completed through DocuSign.

**Participant Information and Chief Fiscal Officer**

Participant Name: \_\_\_\_\_  
Main Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_  
Fiscal Officer: \_\_\_\_\_ Email ID: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Participant Category**

**Select one of the following:**

General Govt. Agency;  University;  Community College;  Local Unit of Govt;  LEA

Comment: \_\_\_\_\_

**Primary Contacts**

Business Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_

Technical Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_

The PCI Data Security Standard contact may be either one of the above, or someone different.

PCI DSS Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_

### Central Billing Information

Complete this section if STMS invoices for all merchant numbers (outlets) are to be remitted to a central billing address. If multiple mailing addresses do not complete this section, but indicate the mailing address on each Outlet Setup Form.

#### Select one of the following and complete address information:

- Separate invoice for each merchant number (but mailed to central billing office); or
- Roll-up invoicing for all merchant numbers. (This is a new option available under the new MSA. All merchant numbers (outlets) must be included for this option to be selected.)

Participant Name: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email ID: \_\_\_\_\_

### Bank Settlement Account Information

#### Select one of the following depository banks for settlement of funds:

- Wells Fargo Bank;  SunTrust Bank;  Other Bank (Name: \_\_\_\_\_ )  
T/R# 121000248 T/R# 061000104 9-Digit T/R-Routing #: \_\_\_\_\_

Please list any Company IDs that should be allowed to debit the bank account (All accounts are set up with debit blocks unless otherwise instructed):

Company Name: \_\_\_\_\_

Company ID #: \_\_\_\_\_

Note: Wells Fargo Bank and SunTrust Bank both provide next-day funding for all participants. See separate instructions regarding accessing the bank account via the bank's online system.

#### Select and complete the item(s) that apply:

Will use existing account - Settlement Bank Acct #: \_\_\_\_\_

Request the establishment of a new **settlement** bank account  
(State Agency participant only)

Note: Participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account at Wells Fargo, DDA# XXXXXXXXXX3460. Agency must then certify the funds on CMCS. Specify the CMCS Group ID# to be certified under: \_\_\_\_\_

Also, specify if either:  a new CIT bank number is needed to be assigned by DST; or  an existing CIT bank number will be utilized: \_\_\_\_\_

Will arrange for the establishment of a new **settlement** bank account – directly with participant's bank  
(Non-State agency participant only)

Note: Participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct #: \_\_\_\_\_

Alternately, the funds may settle directly to the participant's existing local main DDA: \_\_\_\_\_

Other Request / Comment: \_\_\_\_\_

Note: DST will notify the participant whenever the request has been acted upon, if applicable.

**Required Signature – Participant’s Chief Fiscal Officer or Designated Official**

The signature of the participant’s chief fiscal officer or designated official below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: \_\_\_\_\_

Chief Fiscal Officer’s or Designated Official’s Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Participant’s Chain Number – For STMS Use Only**

Chain Number assigned by STMS: \_\_\_\_\_ (Only one per participant)

Note: One or more “outlet merchant numbers” (which may be used for different lines of business or locations within the agency) will be assigned to the participant’s single “chain number,” with each rolling up to the “chain number.” For each “Merchant Outlet Setup Form” that is submitted, a unique “outlet merchant number” will be assigned.

**For OSC Use Only**

**For DST Use Only**

**For SunTrust Merchant Services Use Only**

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