SECURE INSTANT PAYMENTS, LLC
Processing Agreement

Phone Number: 800.764.0844 Fax: 800.985.9275

1. BUSINESS PROFILE

Legal Name of Business Applicant (under which tax returns are filed): Daggett County					
Doing Business As (if different from legal name):					
Business Street Address (No P.O. Boxes): 95 N. 1st W.		City: Manila	State: Ut	Zip: 84046	Business Phone Number: 435-784-3154
Business Fax Number: 435-784-3335		Customer Service Phone Number:		Web Site Address: Daggettcounty.org	
Date Business Established: 1918	Client Email:	Ownership Structure: County Government			
Federal Tax ID: 87-6011984	Business License # & State:	Type of Business: County Government			
Primary Contact: Vicky McKee	Primary Contact Email: vmckee@daggettcounty.org	Direct Phone Number: 435-784-3154	For billing, please provide our monthly statement via: (circle at least one) Email Fax U.S. Mail _____		
Accounts Payable Contact:	Accounts Payable Email:	Direct Phone Number:	Electronically deduct statement amount from our account 3 business days from statement date: (please circle one) Accept Decline		
			Account Name:	Account Routing Number:	Account Number:

2. TRANSACTION SPECIFICATIONS AND PROCESSING HISTORY

Average Transaction Amount: $110.00	Estimated Number of Transactions: 95	Estimated Monthly Dollar Volume: $10,500.00	Highest Individual Payment Amount: $4,500.00
Descriptor to Appear on Statement (16 characters max): Daggett County		Customer Service Phone Number: 435-784-3154	

Processing Price List

One Time Setup		$ 0.00
Monthly Support		$ 0.00
ACH Processing		
Per Transaction	$ 0.75	Collected from Customer
Returns	$ 1.00	R01 Only
Not Authorized	$ 5.00	R05 / R07 / R08 / R010
Batch Settlement Fee	$ 0.00	
Credit Card Processing		
Convenience Fee	2.50% of payment, $2.50 minimum	Collected from Customer

3. SIGNATURE OF MERCHANT

We wish to originate ACH (Automated Clearing House) debit and/or credit items as a form of payment or to facilitate funds transfer utilizing the Teledraft System. We have received and read the current version of the separate Teledraft "ACH Processing Agreement" applicable to ACH processing. By signing below we agree to be bound by the terms and conditions of the Teledraft ACH Processing Agreement. We hereby authorize Teledraft to debit and or credit the bank account indicated herein with respect to the receipt of settled funds, returned items. The ACH Processing Agreement will be effective upon Teledraft's acceptance and upon the submission of first transaction by use of the Teledraft, Inc. The undersigned certify and warrant that all information provided in this application is true and correct. I/We understand that Secure Instant Payments will retain this application whether or not it is approved, and I/We authorize Secure Instant Payments to periodically check and/or update my/our individual credit and/or obtain other investigative reports they deem necessary and to answer all questions about its credit/deposit experience with me/us. We also understand that Secure Instant Payments has legal recourse against us for false or misleading information provided above. "I have read, understand and agree to all of the preceding terms."

Authorized Signature: Vicky McKee	Title: County Clerk/Treasurer	Date: 10-14-10	Print Authorized Signature: Vicky McKee
Secure Instant Payments Accepted Authorized Signature:	Title:	Date:	

Please fax this form to: Secure Instant Payments – Fax: 800.985.9275
Accompanied with a copy of a voided check.

Utah State Tax Commission

Exemption Certificate for Governments & Schools

(Sales, Use, Tourism and Motor Vehicle Rental Tax)

TC-721G
Rev. 12/08

Name of institution claiming exemption (purchaser)			Telephone Number	
Daggett County			435-784-3210 ext 405	
Street Address		City	State	ZIP Code
95 N. 1st West PO Box 219		Manila	Utah	84046
Authorized Signature	Name (please print)		Title	
	Kristina Hughes		Chief Deputy Auditor	
Name of Seller or Supplier:			Date	

The person signing this certificate MUST check the applicable box showing the basis for which the exemption is being claimed. Questions should be directed (preferably in writing) to Taxpayer Services, Utah State Tax Commission, 210 N 1950 W, Salt Lake City, UT 84134. Telephone (801) 297-2200, or toll free 1-800-662-4335.

DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION
Keep it with your records in case of an audit.

☐ **UNITED STATES GOVERNMENT OR NATIVE AMERICAN TRIBE**
I certify the tangible personal property or services purchased are to be paid directly with funds from the entity noted on this form and will be used in the exercise of essential governmental or tribal functions. NOTE: Includes sales of tangible personal property to federally chartered credit unions. "Directly" does not include per diem, entity advances or similar indirect payments.

☐ **CONSTRUCTION MATERIALS PURCHASED FOR SCHOOLS OR PUBLIC TRANSIT DISTRICTS**
I certify the construction materials purchased are on behalf of a public elementary or secondary school, or public transit district. I further certify the purchased construction materials will be installed or converted into real property owned by the school or public transit district.
Name of school or public transit district: _____
Name of project: _____

☒ **UTAH STATE AND LOCAL GOVERNMENTS AND PUBLIC ELEMENTARY AND SECONDARY SCHOOLS**
Sales Tax License No. 12386066-002-STC
I certify the tangible personal property or services purchased are to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. For construction materials, if the purchaser is a Utah state or local government, these construction materials will be installed or converted into real property by employees of this government entity. "Directly" does not include per diem, entity advances, or similar indirect payments. **CAUTION:** This exemption does not apply to government or educational entities of other states.

_____

To be valid this certificate must be filled in completely, including a check mark in the proper box.

A sales tax license number is required only where indicated.

Please sign, date and, if applicable, include your license or exemption number.

NOTE TO SELLER: Keep this certificate on file since it must be available for audit review.

NOTE TO PURCHASER: Keep a copy of this certificate for your records. You must notify the seller of cancellation, modification, or limitation of the exemption you have claimed.

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at (801) 297-3811 or TDD (801) 297-2020. Please allow three working days for a response.