



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

March 25, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Heartland K-12 Merchant Processing Application on behalf of Student Nutrition for five years as outlined on the application.

APPLICABLE BOARD POLICY:

01.1 Legal Status of the Board

HISTORY/BACKGROUND:

On May 1st, 2022 Student Nutrition will be adopting the statewide Point of Service (POS). The Merchant Processing application details the ACH and card fee schedule for the new POS online payment platform.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

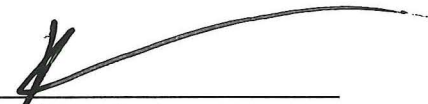
Approval to adopt the 60 month terms and conditions of the K-12 Merchant Processing Application.

CONTACT PERSON:

Elizabeth Hord


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

**K-12 MERCHANT PROCESSING APPLICATION**☐ Card Only ☐ ACH Only ☒ Dual**HEARTLAND CONTACT INFORMATION**

Current MID
585-227-8594
RM Fax

School Solutions
RM Name
800-423-2113
RM Phone

K12
Affiliate/Partner ID
MySchoolBucks
Affiliate Name

COMPANY INFORMATION

Kenton County Food Servi-MEALS
Merchant DBA Name
(859)344-8888
DBA Phone Number
1055 Eaton Drive
DBA Address
Ft. Wright / KY / 41017
DBA City / State / Zip

Kenton County Schools
District Name
(Must correspond with IRS Filing Name)
(859)344-8888
District Phone Number
1055 Eaton Drive
District Address
Ft. Wright / KY / 41017
District City / State / Zip

17
Number of Locations
616001301
Federal Tax ID / EIN
(Must correspond with Legal Name)
Website Address
hssactivations@e-hps.com
Email Address
(InfoCentral Admin User Email Address)

Elizabeth Hord
Primary Contact Name
859-957-2659
Primary Contact Phone Number

Secondary Contact Name
Secondary Contact Phone Number

HSC **HSC**
Email Contact First Name Email Contact Last Name
800-803-6755
Customer Service Phone Number
585-227-8594
Customer Service Fax Number

Authorized to Purchase: ☒ Yes ☐ NoAuthorized to Purchase: ☐ Yes ☐ No**CARD FEE SCHEDULE**

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	\$25,000.00	\$45.00
					Annual Volume	Average Ticket
Visa	0.00 %	\$ 2.75	\$ 0.00	\$ 0.00	Fee Model: <input type="checkbox"/> District Absorbed <input checked="" type="checkbox"/> Parent Paid	
MasterCard	0.00 %	\$ 2.75			<input type="checkbox"/> Service Fee (Pass Through/Single Transaction)	
Discover/JCB	0.00 %	\$ 2.75			<input type="checkbox"/> COST PLUS Remove Refund Transaction Fee	
PIN Debit*					*Plus Applicable Debit Network Fees	
American Express	0.00 %	\$ 2.75	\$ 0.00	\$ 0.00	Note: OptBlue Annual Processing Volume > \$1 Million must go Direct <input checked="" type="checkbox"/> OptBlue <input type="checkbox"/> I opt out of receiving marketing material from American Express	
0					\$2,500.00	\$ 49.50
American Express Merchant Number	American Express Franchise Name	Franchise CAP Number		American Express Annual Volume	American Express Average Ticket	

RECURRING FEES**INTERCHANGE
QUALIFICATION****SETTLEMENT****CARD
ACCEPTANCE****DEPOSIT
METHOD**

Chargeback Fee: **\$0.00**
Voice Authorization Fee: **\$0.00**

☒ MOTO / Internet
☐ Retail
☐ Small Ticket

☐ Monthly
☒ Daily Net
☐ Daily Split

☒ All Cards Accepted

☒ Standard

ACH FEE SCHEDULE

Transaction Fee:	\$ 2.49 / 0.00 %	\$2,500.00	\$21.00
Monthly Fee:	\$	Annual ACH Volume	Average ACH Amount
Return Item Fee:	\$	40	1,000.00
Re-Presentment:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Re-Presentment Fee: \$ 2.00	Average Number of ACH Transactions per Month	Maximum ACH Limit
K12-OnePay Program:	<input type="checkbox"/> Single: 12.95 <input type="checkbox"/> Multi: 26.95	ACH Settlement Method:	<input checked="" type="checkbox"/> Daily Net <input type="checkbox"/> Monthly Net

MERCHANT DETAIL

Type of Business:	Type of Ownership:	IRS reporting classification for LLC:	If school:
<input type="checkbox"/> Private	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded Entity (Single Member LLC)	<input type="checkbox"/> State Owned
<input checked="" type="checkbox"/> Public – Ticker Symbol: _____	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Private
	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Non-Profit		

Payment for nutrition and school fees

Date Business Started	Business is Conducted	Product / Services Provided
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Do you process web based sales through HPS: ☒ Yes ☐ No

Define your Refund Policy

Is there a peak week / date in the month for processing recurring transactions: (i.e., 1st and 15th): N/A**SALES METHOD**

On Premise Face to Face Sales:	0 %
Off Premise Face to Face Sales:	0 %
Inbound Telephone Order Sales:	0 %
Outbound Telephone Order Sales:	0 %
Mail Order Sales:	0 %
Real-Time Internet:	0 %
Internet (Keyed):	100 %
Recurring Billing:	0 %

TOTAL: 100%

CARD PROCESSING METHOD

Card Swipe:	0 %
Keyed / Card Not Present:	100 %
TOTAL:	100%

ACH PROCESSING METHOD

PPD:	0 %
CCD:	0 %
WEB:	100 %
TEL:	0 %
TOTAL:	100%

What percentage of your Bankcard volume is future delivery: _____ %

STATEMENT OPTIONS

Statement Type: ☒ Standard

Mail Statements To: ☒ Suppress Statements ☐ District

☒ All Electronic Communications (Including ACH Returns):

☒ Same Email as InfoCentral ☐ Preferred Email Address: _____

DISPUTE LETTERS

Electronic Options: ☒ Email ☐ Fax (Select Mail Option as backup)

Mail Options: ☐ Legal ☒ DBA

PCI COMPLIANCE

Is your business PCI Compliant: ☒ Yes ☐ No

Does your company utilize a Data Storage Entity or Merchant Servicer that has access to Card Member Data: ☐ Yes ☒ No
(i.e., Payment gateway or data warehouse, etc.)

If yes, provide the name of the Data Storage Entity or Merchant Servicer being utilized: N/A

PCI DSS and Card Network rules prohibit storage of sensitive authentication data after the transaction has been authorized (even if encrypted). If you or your POS system store, process, or transmit full cardholder's data, then you (merchant) must validate PCI DSS compliance. If you (merchant) utilize a payment application the POS software must be PA DSS (Payment Application Data Security Standards) validated where applicable. If you use a payment gateway, they must be PCI DSS Compliant.

As required under the Payment Card Industry Data Security Standard (PCI DSS), I do hereby declare and confirm the following:

Merchant will maintain full PCI DSS compliance at all times and will notify Heartland when it changes its point of sale software, system, application or vendor:

☐ Yes ☐ No ☒ N/A

Do your transactions process through any other Third Parties (i.e. web hosting companies, gateways, corporate office):

☐ Yes ☐ No ☒ N/A

Merchant utilizes the services of a PCI SSC Qualified Integrator Reseller (QIR) when POS payment applications are utilized:

☐ Yes ☐ No ☒ N/A

The signing merchant listed below has experienced an account data compromise.*:

☐ Yes ☐ No ☒ N/A

If yes, what was the date of the compromise:

(Copy of the completed forensic investigation is required with the app.)

☐ I have never accepted payment cards.

N/A

The signing merchant listed below is storing Sensitive Authentication Data** (even if encrypted) after the transaction has been authorized:

☐ Yes ☐ No ☒ N/A

☐ I have never accepted payment cards.

Merchant utilizes an EMV enabled terminal:

☐ Yes ☐ No ☒ N/A

*An Account Data Compromise is any incident that results in unauthorized access to payment card data and/or Sensitive Authentication Data.

**Sensitive Authentication Data is security related information (Card Verification Values, complete Magnetic Stripe Data, PINs, and PIN blocks) that is used to authenticate cardholders.

Please note that if you have indicated that your organization has experienced an account data compromise in the past, a PCI DSS Level 1 Compliance Assessment may be required upon Heartland's request. A compromise of cardholder data from your location(s) may result in the issuance of fines and/or penalties by the card brand, for which you will be responsible under your Merchant Agreement, notwithstanding this Compliance Statement.

It is imperative that you notify Heartland immediately should the information on this Compliance Statement change.

DEBIT AND CREDIT AUTHORIZATION

Merchant certifies that any starter check or verification of business provided is for a business account in good standing and that the Business name on the below checking account is the same as the Business name on the enclosed Heartland Payment Systems Merchant Application. In addition, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings account. This authority shall remain in full force until (a) Acquirer has received written notification from Merchant of its termination; and (b) all obligations of Merchant to Acquirer under this Agreement have been paid in full.

☒ CREDIT CARD

Deposit Routing/Account

Fee Routing/Account (If separate from Deposit)

(4-17 Digit Account Number) _____ (9 Digit Routing Number) _____
Account Type (Required):
☒ Checking ☐ Savings ☐ Other: _____

(4-17 Digit Account Number) _____ (9 Digit Routing Number) _____
Account Type (Required):
☐ Checking ☐ Savings ☐ Other: _____

Name as it appears on Bank Account

Name as it appears on Bank Account

☒ HEARTLAND ACH

Deposit Routing/Account

Fee Routing/Account (If separate from Deposit)

(4-17 Digit Account Number) _____ (9 Digit Routing Number) _____
Account Type (Required): ☐ Checking

(4-17 Digit Account Number) _____ (9 Digit Routing Number) _____
Account Type (Required): ☐ Checking

Name as it appears on Bank Account

Name as it appears on Bank Account

IMPORTANT INFORMATION ACCOUNT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

AUTHORIZED SIGNER(S) INFORMATION

Is any owner, officer, director, employee, or agent a current or former senior official in the executive, legislative, administrative, military, or judicial branch of any government (elected or not); a senior official of a major political party; an executive of a government-owned commercial enterprise; a family member of any of the foregoing officials; or a close personal or professional associate of any of the foregoing officials:

☐ Yes ☒ No
If Yes, attach details.

☐ Owner ☐ Officer ☐ Authorized Signer ☐ Managing Agent (Please provide copy of Management Agreement)

(1) Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)
Home Phone Number	Cell Phone Number	Driver's License Number	% Business Equity Ownership
Home Address / City / State / Zip			Length of Time at Home Address

☐ Owner ☐ Officer ☐ Authorized Signer ☐ Managing Agent (Please provide copy of Management Agreement)

(2) Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)
Home Phone Number	Cell Phone Number	Driver's License Number	% Business Equity Ownership
Home Address / City / State / Zip			Length of Time at Home Address

Note: If there are more than two Owners, Officers or Managing Agents, complete the "Additional Owner/Officer Information Page for Merchant Processing Agreement".

AGREEMENT ACCEPTANCE, CERTIFICATION and CONSUMER REPORT AUTHORIZATION

Has your District filed Bankruptcy, had Judgments or Liens within the last 3 years: ☐ Yes ☒ No

Merchant authorizes Acquirer, reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of all matters generally connected to this business relationship. I further certify that I have received, read, understand and agree to the Merchant Processing Agreement Terms and Conditions which together with this application shall constitute the agreement(s) between the parties. I further certify that this business or any Owner/Officer/Authorized Signer has never been terminated by any of the Card Brands.

X (1) Owner/Officer/Authorized Signer Signature	Print Name & Title	Date
X (2) Owner/Officer/Authorized Signer Signature	Print Name & Title	Date

THE TERM OF THIS AGREEMENT IS 60 MONTHS