

# SUB-MERCHANT APPLICATION AND AGREEMENT (SMAA)

SELECTION 1: SUB-MERCHANT INFORMATION						
Business/ Sub-Merchant (provide legal entity name)			Doing Business As (if applicable):			
City of Merced, CA			City of Merced Comm Svcs			
Date of Formation		Approx. Years in Business		Business Address		
1889		100+ years		678 W 18th St. Merced, CA 95340		
Tax ID (FEIN)		Website (URL)		Business Phone		
94-60000371		www.cityofmerced.org		(209)388-7800		
Primary Contact Name (For General Communications)		Primary Contacts Phone		Primary Contact Email		
Michelle Reid		209-385-6895		reidm@cityofmerced.org		
Business Type (Select one)	Public <input checked="" type="checkbox"/>		Individual <input type="checkbox"/> Sole <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual		Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC	
	Private <input type="checkbox"/>				Partnership <input type="checkbox"/> General <input type="checkbox"/> Partnership <input type="checkbox"/> Limited <input type="checkbox"/> Partnership	
Other <input type="checkbox"/> Non-Profit (501C) <input checked="" type="checkbox"/> Government <input type="checkbox"/> Other: _____						
Has this business processed credit cards before?		Has this business ever been terminated from accepting credit cards from any network?		Will this business be running a presale prior to opening?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
What payment methods will the business accept?			<input checked="" type="checkbox"/> Debit <input checked="" type="checkbox"/> Credit <input type="checkbox"/> ACH			
Briefly describe the nature of the services provided by this business.			What types of payment would this business like to accept?			
Adult and youth program that includes sports, leisure classes, facility rentals, park reservations, Zoo operations, and special community events			<input checked="" type="checkbox"/> In Person <input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Mail-in <input type="checkbox"/> Recurring Billing			
SECTION 2: TRANSACTION INFORMATION (all financial assumptions approximated in USD)						
Annual Card Volume (\$)	Avg Ticket (Card) (\$)	Annual ACH Volume (\$)	Avg Ticket (ACH) (\$)	Max. Ticket (ACH) (\$)	Max. Ticket Credit Card (\$)	
792	157.17	N/A	N/A	N/A	6500.00	
Total Annual Sales – All Transactions (\$)						
\$417,401.69 for fiscal year 23/24						
SECTION 3: LOCATION INFORMATION (use additional pages if necessary)						
Location/Business Name		Business Address		Same as Sec. 1 address	Business Phone	
1	City of Merced Parks & Community Services	632 W. 18th St. Merced, CA		<input type="checkbox"/>	209-385-6855	
2	City of Merced Zoo	1045 W 25th St. Merced, CA		<input type="checkbox"/>	209-725-3337	
3				<input type="checkbox"/>		
4				<input type="checkbox"/>		
SECTION 4: MERCHANT ID INFORMATION (List one MID per row from the following options: Card Present, Web, Billing, or eCheck)						
Merchant ID Account Name (will appear on statement)	Associated Section 3 Location or Address		Type of MID	Annual Card Revenue	Service Fee	
1 Merced Park&Rec	Location#: 1		card present		<input checked="" type="checkbox"/>	
2 Merced Park&Rec Web	Location#: 1		web		<input checked="" type="checkbox"/>	
3 Merced Zoo	Location#: 2		card present		<input checked="" type="checkbox"/>	
4 Merced Zoo Web	Location#: 2		web		<input checked="" type="checkbox"/>	

## SECTION 5: CONTROL OWNER INFORMATION

Why Do We Need This Information? We require certain information about your ownership for compliance with federal Know-Your-Customer (or "KYC") regulations promulgated by the Financial Crimes Enforcement Network Bureau of the U.S. Department of Treasury. KYC regulations seek to prevent financial crimes and the funding of terrorism, among other things. The information sought below is required by KYC regulations. (1) "Control Owner" must be provided. A Control Owner is not required to have an ownership interest in the Sub-Merchant and the Control Owner must be a natural person with significant responsibility to control, manage or direct the activities of the Sub-Merchant's business. Control Owners often have the title of CEO, CFO, COO, Managing Member, General Partner, President, or Treasurer.

CONTROL OWNER/AUTHORIZED CONTACT (MUST BE A NATURAL PERSON) \* Denotes required fields for all applicants

Full Legal Name *	Date of Birth *
Kuljit Singh	08/29/1982
Address (Home or Business) *	Title
678 W. 18th St. Merced, CA 95340	Deputy Finance Officer
Phone (Home or Business) *	Email *
209-385-6883	SinghK@cityofmerced.org

## SECTION 6: BANKING INFORMATION (A copy of a voided check or a bank letter with full account details listed will be required).

For multiple bank accounts only: Include the associated MID number from Section 4!

Bank Name	Account Name	Routing Number	MID.#	Account Number
Wells Fargo	Deposit Account	121000248	Merced-Parks/Rec	4050019967
Wells Fargo	Deposit Account	121000248	Merced Online Park/Rec	4050019967

**ACKNOWLEDGEMENT:** By signing below, Sub-Merchant expressly acknowledges that: (1) the individual signing this Sub-Merchant Agreement has the proper legal authority to bind the Sub-Merchant; (2) the Sub-Merchant's Application for payment services may be rejected in underwriting but, once accepted, will constitute a legally binding Sub-Merchant Agreement with the Payment Facilitator identified below; (3) all information provided herein is true and accurate to the best of Sub-Merchant's knowledge; (4) the Payment Service Terms and Conditions, and any other documents referenced as being part of the agreement, shall become part of this Sub-Merchant Agreement; (5) the Payment Facilitator's provision of payment services under the Sub-Merchant Agreement shall be expressly conditioned on Sub-Merchant's payment of all fees and other charges, and its compliance with VS's Terms of Service and Privacy Policy, as may be revised from time to time.

**AUTHORIZATION:** Sub-Merchant expressly authorizes the Payment Facilitator identified below to take the following actions: (1) to establish a primary merchant account with a payment processor of the Payment Facilitator's choosing; (2) to access Customer Data, including but not limited to Cardholder Data, for the purposes of providing the payment services contemplated by the Agreement; (3) to execute documents on Sub-Merchant's behalf, or to take any other action which the Payment Facilitator deems reasonably necessary to provide its payment services to Sub-Merchant as described herein; (4) to access Sub-Merchant's designated account(s) for purposes of received and accepting payments on settled transactions, together with any adjustments made on Sub-Merchant's behalf; (5) to collect any Fees or other charges owed to Payment Facilitator, or any of Payment Facilitator's affiliates or subsidiaries, directly from the Sub-Merchant's EFT/ACH draft; (6) to set up a reserve account where Payment Facilitator considers it reasonably necessary to protect its legitimate business interests; (7) to withhold the remittance of any funds in accordance with lawful orders, garnishments and/or tax levies; (8) to recoup, retrieve or collect from any source of available funds, including but not limited to the Sub-Merchant's EFT/ACH draft, any Payment Facilitator expenditures related to Sub-Merchant's eCheck returns, chargebacks, negative accruals or overdrawn accounts; and (9) to transfer billed amounts to an account held by Payment Facilitator to facilitate the settling of transactions run at the Sub-Merchant's place or places of business.

**SUBMITTED AND AGREED TO BY:**

(Sub-Merchant) City of Merced

X

Name and Title  
Kuljit Singh, D.F.O.

Date

10/22/24

**ACCEPTED BY:**

Vermont Systems, Payment Facilitator

X

Name and Title

Date

**APPROVED AS TO FORM:**

Graig Cornwall, City Attorney  
City of Merced

FILE NAME: SMAA PUBLIC

Template: Sub Merchant Application And Agreement

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