



Baseline Services

Service Code Set-up

Expiration Date	Version	Date
<u>XX/XX/20XX</u>	1.0	05/25/2021

Project Name: <PROJECT NAME>

Agency Name: <AGENCY NAME>

Project/VSM Ticket#: [insert your project ID number. Ex: PID220]



Online Payment
& Processing



Application
Development



Website
Services



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Project Information

1.1 Contact Information

Agency Name: <AGENCY NAME> (<ACRONYM>)	Phone	Project Name: <PROJECT NAME>
Agency Executive Sponsor:	Phone:	Email:
Agency Project Sponsor:	Phone:	Email:
Agency Chargeback Authority:	Phone:	Email:
IOT Executive Approval:	Phone:	Email:
IOT Fiscal Approval:	Phone:	Email:
NIC Indiana Project Manager:	Phone:	Email:
NIC Indiana Account Manager:	Phone:	Email:
NIC Indiana General Manager:	Phone:	Email:

1.2 Revision History

Date	Name	Version	Section Updated	Notes
MM/DD/20YY		1.0	All	Initial Version

2. Project

1.1 Project Overview

2.1.1 Purpose

[explain what the payment processing is for, who will be users (and how many), and any other detail necessary to provide and understanding of the project]

2.1.2 Resources

[who will provide data? Who will run testing to ensure service codes and bank accounts are operable?]

2.1.3 Timing Constraints

[is there a dependency upon related project work (if yes, what is the project #)? Is there a hard go-live date?]

1.2 Scope

[customize this to reflect your project work]

This service code set-up includes activities required to:

- create new service codes,
- add additional service codes,
- create new bank account interfaces, and
- update bank accounts.

3. Payment Processing Options and Fees

This section sets forth detail needed to set-up agency-requested order processing through the NIC Payment Portal (“System”), as supported by NIC Indiana (“Contractor”).

Agency-selected order processing payment options are:

Payment Type	Fees	Additional Setup Information
<i>Insert Payment Type</i>	<i>Insert Fee</i>	<i>Insert Additional Setup</i>

4. Payment Processing Acceptance

Agency representatives have reviewed, and by the authorized signatures below, indicate the Agency's agreement to the responsibilities as outlined. This acceptance also provides approval to proceed with the Order Processing setup. The Agency thoroughly understands changes made after signed approval of this Appendix will result in a Change Order and may impact the launch date of the application.

Agency Project Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Executive Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Chargeback Approval:

Signature: _____ Date: _____

Print Name: _____

Agency Chargeback Phone Number: _____

Agency Name: _____

Agency Number: _____

Fund: _____

Department: _____

Program: _____



Project (if required):

If using Project, the following are required:

Activity Code:

Analysis Code:

IOT Executive Approval:

Signature:

Date:

Print Name:

IOT Fiscal Approval:

Signature

Date:

Print Name:

NIC Indiana Project Manager:

Signature:

Date:

Print Name:

NIC Indiana Account Manager:

Signature:

Date:

Print Name:

NIC Indiana General Manager:

Signature:

Date:

Print Name:

5. Service Code Setup Form

5.1 Project Information

Project Manager Name:	
Application Name:	
Launch Date:	
Statutory Fee:	
Technology Fee:	
Portal Fee:	
Enhanced Service Fee (Credit Card):	
Fee paid by:	
Enhanced Service Fee (eCheck):	
Fee paid by:	
Monthly Account:	
Item SKU:	
Refund Process	
Return Process	
Event Frequency: (if ADE calendar registrations)	
Peak Transaction Periods:	
Number of Transactions Expected Annually:	

5.2 Agency Accounting Contact Information

Agency (Merchant) Name:	
Contact Person:	
Address:	
City, State, Zip Code:	
E-mail:	

5.3 Agency Revenue Information

Bank Name:	
Account Number:	
Routing Number:	
eCheck Bank Name:	
eCheck Account Number:	
eCheck Routing Number:	

5.4 Information Provided by Bookkeeper

Credit Card Service Code:	
eCheck Service Code:	

6. Approval

6.1 Setup and Delivery Acceptance

Agency representatives have reviewed and fully tested the <PROJECT NAME> and by the authorized signature below, indicate the Agency's acceptance of delivery of the Project. This acceptance also provides approval to launch the Project. The Agency thoroughly understands changes made after signed approval of the Project will result in a Change Order and may impact the launch date of the application.

Date of Project Launch: _____

Agency Project Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Executive Sponsor:

Signature: _____ Date: _____

Print Name: _____

IOT Executive Approval:

Signature: _____ Date: _____

Print Name: _____

IOT Fiscal Approval:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana Project Manager:

Signature: _____ Date: _____

Print Name: _____



NIC Indiana Account Manager:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana General Manager:

Signature: _____ Date: _____

Print Name: _____