

# Work Order

## New Product Add Request



**Client Name:** Franklin County Municipal Court, Clerk of Court, OH  
**Contact Name:** Heather Ogle  
**Contact Phone:** 614-645-7700  
**Contact Email:** ogleh@fcmclerk.com

**Request Date:** 9/18/2024  
**Sales Contact:** Olga Rombach  
**Work Order #:** OPPR-0216357

This Work Order is part of the Contract for Services ("Agreement") between **ACI PAYMENTS, INC** (formerly known as Official Payments Corporation; herein "ACI") and "Client" effective dated: 01/14/2010. Except as expressly amended and modified by this Work Order, all terms and conditions set forth in the Agreement shall remain unmodified, binding, and in full force and effect. This Work Order sets forth the entire agreement and understanding of the parties regarding the particular subject matter of this Work Order, and merges and supersedes all prior or contemporaneous agreements, discussions and correspondence pertaining to the subject matter of this Work Order.

**Project Description:**  
 Product Add: Civil Cases

New Payment Product(s)						
Payment Product Name	Civil Cases					
Estimated Annual Gross Receipts	\$84,375					
Estimated Annual Transactions	11,250					
Estimated Average Payment	\$300					
Estimated # of Bills Mailed (if applicable)						
Bill Due Dates (if applicable)						
Payment Channels <i>(You may check more than one per Payment Channel)</i>						
Web	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Over the Counter (POS)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
IVR	<input type="checkbox"/>	Additional IVR service charge paid by Customer:	<input type="checkbox"/>	Additional IVR service charge paid by Customer:	<input type="checkbox"/>	
Payment Options <i>(You may check more than one per Payment Type Name)</i>						
Credit	<input checked="" type="checkbox"/>	<b>Credit With AmEx</b> <b>Fee Per Transaction:</b> 2.50%; \$2.95 Minimum <b>Customer Pays Svc Fee</b>	<input type="checkbox"/>	Select Credit Option <b>Fee Per Transaction:</b>  Select Fee Model	<input type="checkbox"/>	Select Credit Option <b>Fee Per Transaction:</b>  Select Fee Model
Debit	<input checked="" type="checkbox"/>	<b>Same as Credit Fees</b> <b>Fee Per Transaction:</b>  <b>Customer Pays Svc Fee</b>	<input type="checkbox"/>	<input type="checkbox"/> Same as Credit Fees <b>Fee Per Transaction:</b>  Select Fee Model	<input type="checkbox"/>	<input type="checkbox"/> Same as Credit Fees <b>Fee Per Transaction:</b>  Select Fee Model
Echeck	<input type="checkbox"/>	<b>Fee Per Transaction:</b>  <b>Gateway Setup Fee:</b>  <b>End User Pays Svc Fee</b> <b>Return Fee to be paid by Client:</b>	<input type="checkbox"/>	Select Echeck Type <b>Fee Per Transaction:</b>  <b>Gateway Setup Fee:</b>  Select Fee Model <b>Return Fee to be paid by Client:</b>	<input type="checkbox"/>	Select Echeck Type <b>Fee Per Transaction:</b>  <b>Gateway Setup Fee:</b>  Select Fee Model <b>Return Fee to be paid by Client:</b>
MoneyGram	<input type="checkbox"/>	<b>Fee Per Transaction:</b>	<input type="checkbox"/>	<b>Fee Per Transaction:</b>	<input type="checkbox"/>	<b>Fee Per Transaction:</b>
Will New Payment Products Require Separate Deposit (New MID)?						
New MID Required?	No	Select Yes or No			Select Yes or No	

**Summary of Client Billable Fees**

Implementation Fees: Waived

**Implementation Fees.** Implementation Fees are due and payable within thirty (30) days of the Effective Date of this Agreement. When waived with fee reference, Implementation Fees will be due and payable if Client has not begun Production Use of the ACI within one hundred eighty (180) days of the Effective Date of this Agreement. When waived without fee reference, ACI will not bill for Implementations Fees.

**Project Implementation Comments**

**Desired Go-Live Date:**

*\*Standard Implementation timeframe is up to 65 days from last signatory date*

**Signatures**

**ACI PAYMENTS, INC**

**CLIENT:** Franklin County Municipal Court, Clerk of Court

By: \_\_\_\_\_

By: \_\_\_\_\_

Name:

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

Title:

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

Date:

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

Address: **705 Westech Drive  
Norcross, Georgia 30092**

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

Email: **mbox-ACI-clientservices@aciworldwide.com**

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

Telephone: **404-923-3500**

Telephone: \_\_\_\_\_

Fax: **404-923-6727**

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