

### CHANGE REQUEST INFORMATION

Mark Shapiro 732-332-0677  
 RM Name RM Phone RM Fax

### COMPANY INFORMATION

Marquette Downtown Dev Authori 906-228-9475 11641035  
 Merchant DBA Name DBA Phone Number Merchant ID Number  
 337 W Washington St Marquette, MI 49855 2  
 DBA Address DBA City / State / Zip Number of Locations  
 Rebecca Finco www.downtownmarquette.org  
 Primary Contact Name Secondary Contact Name Website Address  
 906-228-9475 Becky@downtownmarquette.org  
 Primary Contact Phone Number Secondary Contact Phone Number Email Address  
 (InfoCentral Admin User Email Address)

### MAINTENANCE REQUESTED – SELECT ALL APPLICABLE

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Credit / Debit Card Processing Services | <input type="checkbox"/> Restaurant Management Systems Services | <input type="checkbox"/> Payroll Processing Services |
| <input type="checkbox"/> Adding Fees  | <input type="checkbox"/> Adding Fees                            | <input type="checkbox"/> Adding Fees                 |
| <input type="checkbox"/> Removing Fees                                      | <input type="checkbox"/> Removing Fees                          | <input type="checkbox"/> Removing Fees               |
| <input checked="" type="checkbox"/> Changing Existing Fees                  | <input type="checkbox"/> Changing Existing Fees                 | <input type="checkbox"/> Changing Existing Fees      |

Chain ID \_\_\_\_\_ Chain ID \_\_\_\_\_ Chain ID \_\_\_\_\_

### CREDIT / DEBIT CARD PROCESSING / SERVICE FEES AND INFORMATION

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	\$ 100,000 Annual Volume	\$ 2.00 Average Ticket
Visa	0.50 %	\$	\$ 0.08	\$ 0.08	<input checked="" type="checkbox"/> Cost Plus <input type="checkbox"/> Service Fee (Pass Through Single Transaction)	Customer Service Email (Required) \$ _____ \$ _____
MasterCard	0.50 %	\$				
Discover/JCB	0.50 %	\$				
PayPal	%	\$	\$	\$	PayPal Annual Volume	PayPal Average Ticket
PayPal eCommerce	%	\$	\$	\$	*Plus Applicable Debit Network Fees	
PIN Debit*			\$	\$	**PIN Debit Required for EBT	
Fleet			\$	\$		
TSYS Authorization			\$ 0.04	\$ 0.04		
EBT**			\$	\$		
American Express	%	\$	\$	\$	American Express Annual Volume	American Express Average Ticket
American Express Merchant Number	American Express Franchise Name	Franchise CAP Number	Note: OptBlue Annual Processing Volume > \$1 Million must go Direct <input type="checkbox"/> OptBlue <input type="checkbox"/> TPSP (Must be TouchNet processing through PayPath) <input type="checkbox"/> I opt out of receiving marketing material from American Express			

Type of Business \_\_\_\_\_ Owner/Officer DOB \_\_\_\_\_ \$ \_\_\_\_\_ Fee \_\_\_\_\_  
 Installment Billing\*     Annual Fee     Monthly  
 \*Indicate Months:  J  F  M  A  M  J  J  A  S  O  N  D

SMP – Annual VI/MC/DISC sales volume \$50,000 or less. (If annual VISA/MC/DISC volume exceeds \$50,000 annually, 0.50% will be added to the Monthly and Per Item fees). HPS reserves the right to change the monthly fee if processing volume is not consistent with volume listed on this Price Change Request Form.

Note: Discover MAP volume is not used to calculate estimated margin, signing bonus or GMO eligibility.

ASMP



Card Add Pricing Maintenance Form (Continued)

Marquette Downtown Dev Authori
Merchant DBA Name

11641035
Merchant ID Number

EBT PROCESSING

EBT State Required 7-Digit FNS/FCS/CA/AO Number Terminal Type Serial Number State Provided Terminal
EBT Programs: [ ] Food Stamps & Cash Benefits [ ] Food Stamps [ ] Cash Benefits (FNS/FCS Not Required for Cash Benefits Only)

RECURRING FEES UNLESS OTHERWISE INDICATED, REFER TO THE ORIGINAL MERCHANT AGREEMENT FOR PRICING SETTLEMENT

\$ 20.00 Minimum Discount Fee (Must be whole dollar amount)
\$ 0.65 Voice Authorization Fee
\$ 25.00 Chargeback Fee
\$ 0.00 Annual Fee
Service and Regulatory Mandate Fee \$ 33.50
Note: Interchange, DPI and Dues and Assessments will be passed through. Also, this monthly fee will be titled as "Service & Regulatory Mandate Fee" on your monthly statements.
[ ] Surcharge Program: Monthly Program Fee: Cardholder Surcharge Rate: Merchant Surcharge Discount:
[ ] Extended+\*: Monthly Program Fee: \*Wells Fargo Sponsored Merchants Only

PAYROLL PROCESSING SERVICE FEES

Payroll Processing Fee Per Payroll: \$ Payroll Processing Fee Per Employee: \$

RESTAURANT MANAGEMENT SYSTEMS SERVICE FEES

Service & Regulatory Mandate Fee: \$

TRAVEL AGENCIES / TRAVEL TOUR OPERATORS (REQUIRED FOR AMERICAN EXPRESS)

The following information is required to validate Travel Industry Bonding Organization / Authorized Airline Ticket Agent Memberships: ARC# / IATA#:

CARD ADD AND PRICING CHANGE AUTHORIZATION

[ ] CARD ADD [X] PRICING MAINTENANCE (Select each applicable option)

By signing below, Merchant agrees to pay the Discount Rate and Fees as set forth in this Card Add/Pricing Maintenance Form ("Fees") and further agrees that this Form serves to amend the Application, Merchant Processing Agreement and Pricing Addendum (together, the "Agreement") entered into by the parties identified herein with respect to the services identified above. In consideration of the mutual covenants made herein, the receipt and sufficiency of which is acknowledged, Merchant and Heartland agree:

- (1) Heartland will charge and Merchant will pay the Fees set forth in this Amendment.
(2) THE TERM OF THE AGREEMENT SHALL BE EXTENDED FOR AN ADDITIONAL THREE (3) YEARS FOR ALL SERVICES AND CARDS PROCESSED PURSUANT TO THE AGREEMENT COMMENCING ON THE FIRST DAY OF THE MONTH FOLLOWING HPS' AUTHORIZED REPRESENTATIVE'S SIGNATURE OF THIS AMENDMENT.
(3) All other terms and conditions of the Agreement remain unchanged and in full force and effect.

This document and all electronically executed documents related hereto are legally binding in the same manner as are hard copy documents executed by hand signature.

X Rebecca Finco
Owner/Officer Signature \*
Rebecca Finco
Print Name
becky@downtownmarquette.org
Email
4/13/2022
Date

\* The Owner/Officer Signature must be that of the same individual which has signed the Application.

For Internal HPS Employee Use Only

HPS Authorized Signature Print Name & Title Date