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Onboarding Guide

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DMV IVTRS Onboarding Guide

Onboarding Instructions

Thank you for using the TxDMV IVTRS solution for processing ecommerce transactions. This Onboarding Guide includes the information and documentation necessary to establish your county for processing.

- ★ **Please follow the checklist below to ensure that we receive all the required forms and information necessary to setup your TxPay Counter application.**
- ★ **Return all completed forms to your designated Texas.gov representative.**

Please Note: Your County cannot go live in the production environment until we have received all of the required forms and information listed below.

Checklist

Action	Page
☐ **STEP 1.** Complete and return **Application Setup Form**	3 - 6
☐ **STEP 2.** Provide copy of a legible **W-9** and a **Bank Letter** with required information *(see Application Setup Form for Bank Letter details)*	n/a
☐ **STEP 3.** Complete and return **PCI Compliance Self-Assessment Questionnaire (SAQ)** NOTE: The Texas.gov TPE Administrator will send you the appropriate PCI-SAQ form separately.	n/a
☐ **STEP 4.** Verify test transaction deposit; then complete and return **Portal Test Acceptance Confirmation Form** NOTE: The Texas.gov TPE Administrator will send you the appropriate Portal Test Acceptance Confirmation Form separately.	n/a

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Application Setup Form

This form provides us with information to perform the initial setup of the application for your county. Please complete the form in its entirety – all information is required.

Partner Information

Agency Name (ex: name of city, county, court, etc.): Click here to enter agency name.		
Federal Tax ID #: Click here to enter number.		
Physical Street Address (No PO Boxes): Click here to enter address.		
City: Click here to enter city.	**State:** Click here to enter state.	**ZIP:** Click here to enter zip.

Vehicle Registration Administrator/Primary Contact

Contact Name: Click here to enter name.	**Title:** Click here to enter title.
Phone: Click here to enter number.	**Email:** Click here to enter email.
Will the Administrator/Primary Contact indicated above also be the Financial Contact? *(The Financial Contact is responsible for resolving all Sales Draft Retrieval/Chargeback requests within 2 business day.)* ☐ Yes ☐ No (If you select No, please provide a Financial Contact in the section below.)	

Additional Partner Contacts *(provide additional contacts if necessary for Financial)*

Contact Name: Click here to enter name.	**Title:** Click here to enter title.
Phone: Click here to enter number.	**Email:** Click here to enter email.
Contact Type: Click here to enter type: Financial, Other	

Administrative Information

Estimated Go Live Date: Click here to enter date.
Payment Types Accepted by this Application: ***Select all that apply.*** ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX
Merchant Name *(20 characters including spaces)*: Click here to enter merchant name. This description will appear on your customers' credit card statements. Texas.gov recommends something similar to the following examples: TRAVIS CTY GOV PYMT (county), AUSTIN GOV PYMT (city), HHSC GOV PYMT (state agency), or UT GOV PYMT (higher ed)
Contact Phone #: Click here to enter phone number. This phone number will appear on your customers' credit card statements

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Bank Information*

Bank Name: Click here to enter bank name.		
ABA Routing #: Click here to enter number.	**DDA #:** Click here to enter number.	
Bank Contact Name: Click here to enter name.	**Bank Contact Phone #:** Click here to enter number.	
Bank Address: Click here to enter address.		
City: Click here to enter city.	**State:** Click here to enter state.	**ZIP:** Click here to enter zip.

***Please Note:** In addition to the information above, you must provide us with a letter from your bank on official bank letterhead that states the following information. Please refer to the Bank Letter Example below.

- Bank Account #
- Bank Routing #
- Verification that this account is setup to receive ACH debit and credit transactions

Bank Letter Example

****On Official Bank Letterhead****

<BANK ADDRESS – *must be a street address, not a PO Box*>

<CURRENT DATE>

To Whom It May Concern:

Please be advised that <ENTITY NAME> has a checking account with <BANK NAME>. The account is accessible for ETF/ACH credits and debits. The ABA Routing Number is <XXXXXXXXX> and the DDA Account Number is <XXXXXXXXXXXXXX>.

The business information is:

<ENTITY NAME>

<ENTITY CONTACT>

ENTITY ADDRESS

ENTITY CITY/STATE/ZIP

Sincerely,

BANK CONTACT
BANK CONTACT TITLE