



THE DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Funds Management

**REQUEST FOR APPROVAL
TO ACCEPT ELECTRONIC PAYMENTS**

Agency/Organization: _____

Contact Person: _____

Date: _____

Title: _____

Telephone Number: _____

E-mail Address: _____

(Use separate sheet of paper and attach other documents, if needed.)

I. SUMMARY OF REVENUE COLLECTIONS

A. List the names of each fee or other collection:

(Provide this information on the attached Cost Benefit Summary form)

B. Which collection methods are to be used, i.e., point of sale, electronic cash register, IVR (voice), Internet, other?

C. List the locations where electronic payments will be accepted.

D. Which electronic payment methods will be accepted i.e., Visa, MasterCard, Discover, American Express, e-Check, etc.?

II. GOALS AND EXPECTATIONS: Provide a business plan for implementation to include financial and other impact on State revenues, expenditures, work processes, and benefits to the public. Include a cost/benefit analysis that shows the savings, additional costs, and benefits.

A. Will electronic payments improve sales (retail), increase collections, speed up collections, or lower cost of collections?



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B. Will there be improvement in labor and operational efficiencies, customer compliance enhancement, reduction in bad checks? Describe impact on other expenses, including bank fees, credit card fees, and other fees.

C. How will business practices and processes be affected?

D. What will be the benefit to public individuals/organizations? Discuss customer service, convenience, and other factors.

III. CONTRACTS

Provide information on contractual arrangements for processing and settlement. If an alternate contract is proposed, attach a copy of the contract and provide specific processing details.

IV. PAYMENT OF FEES

Discuss the payment of fees to the service providers. If an alternate contractor is proposed, attach a copy of the fee schedule.

A. Specify the source of payment for annual electronic payment provider fees, i.e., general revenue or the name of specific trust fund.

B. To what extent does the agency expect to collect convenience fees? On what basis will the amount of the convenience fee be assessed?



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DFS-J2-1475 (REV. 2/11)
 Rule 69C-4.0035, F.A.C.

COST BENEFIT SUMMARY

AGENCY NAME:							
DATE:							
CONTACT PERSON:							
TELEPHONE #:							
	CURRENT ANNUAL DOLLAR AMOUNT OF COLLECTIONS	CURRENT ANNUAL NUMBER OF TRANSACTIONS	CURRENT DOLLAR AMOUNT PER TRANSACTION	PROJECTED ANNUAL DOLLAR AMOUNT OF COLLECTIONS	PROJECTED ANNUAL NUMBER OF TRANSACTIONS	PROJECTED DOLLAR AMOUNT PER TRANSACTION	
PART I. REVENUE COLLECTIONS							
Cash							
Check							
Credit, Charge, Debit Cards							
Other							
PART II. REVENUE COLLECTIONS	IMPROVED REVENUES	IMPROVED COLLECTIONS	FASTER COLLECTIONS	OTHER			
Increased Revenue							
Impact on General Revenue							
PART III. INTERNAL EXPENDITURES	LABOR COSTS	SYSTEM PROCESSING COSTS	COLLECTION EXPENSE	BAD CHECK LOSSES	OTHER COSTS		
Increase							
Decrease							
Impact on General Revenue							
PART IV.	BANKING COSTS	CREDIT, DEBIT,	ARU OR OTHER	INTERNET OR	OTHER EXPENSES		



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COST BENEFIT SUMMARY

EXTERNAL COSTS	CHARGE CARD FEES	TELEPHONE EXPENSE	OTHER RELATED EXPENSES
Increase			
Decrease			
Impact on General Revenue			

The section below is to be filled out by DFS Division of Treasury.

Date Received By Division of Treasury:	
Date Approved by the Division of Treasury:	
Approved By:	
Title of Approver:	