

Fill in the information and return form to "CMO Deposit Facilities" by e-mail to:
OGCServdepotbancaire.CMODepositFacilities@tpsgc-pwgsc.gc.ca



* Mandatory Section

Section 1 - APPLICATION TYPE*

Select all that apply:

- New Merchant
- Existing Merchant – Additional Terminal
- Existing Merchant – Terminal Upgrade
- Existing Merchant – Location Information Update
- Existing Merchant – Closure
- Existing Merchant – Other: _____

Chain/Corporate Number: _____

Amex Chain Number: _____

Store Number/Region Code: _____

For existing merchant:

Merchant Number: _____

AMEX Merchant Number: _____

RG Authorization Number: _____

Date Required: _____

Preferred Language: English French

Section 2 - LOCATION INFORMATION

No change (for existing merchant)

DEPARTMENT NAME _____

MERCHANT NAME (Max 30 Characters – Bilingual) _____

ADDRESS _____

CITY/ PROVINCE/ POSTAL CODE _____

TELEPHONE # _____

FAX # _____

CONTACT PERSON NAME _____

WEBSITE (if applicable – for reference purposes only) _____

CONTACT PERSON TELEPHONE # _____

CONTACT PERSON EMAIL ADDRESS _____

Section 3 - SHIPPING INFORMATION

(Check if same as above or non-applicable)

OFFICE NAME _____

CITY/ PROVINCE/ POSTAL CODE _____

ADDRESS _____

FAX # _____

CONTACT PERSON NAME _____

CONTACT PERSON EMAIL ADDRESS _____

CONTACT PERSON TELEPHONE # _____

Section 4 - CARD TYPES

No change (for existing merchant)

New merchant: Credit (VISA, MasterCard, American Express) Debit

Visa Debit

Debit MasterCard

JCB (Japan Credit Bureau)

CUP (China Union Pay)

Section 5 – PRODUCTS AND SOLUTIONS (Select one of the following 3 options)

(1) HARDWARE OPTIONS – Standalone POS Terminal

Terminal Type:	Quantity _____	To complete for more than one Terminal Type: Additional Terminal Type	Quantity _____
IVR (Integrated Voice Response):	Quantity _____		Quantity _____
Pin Pad Type:	Quantity _____	Additional Pin Pad Type	Quantity _____

(2) INTEGRATED SOLUTIONS (Parking, 3rd party vendors, etc.)

Note: Please [contact the RG](#) prior to submitting the form


<input type="checkbox"/> Parking Solution <input type="checkbox"/> Other 3 rd party solution: _____ HARDWARE NAME: _____ PINPAD TYPE: _____ PINPAD SERIAL NUMBER: _____ SOFTWARE AND VERSION: _____ MIDDLEWARE AND VERSION: _____ TECHNICAL CONTACT: _____ Note: The RG will contact you for more information and to determine certification process.	MONERIS/RG USAGE ONLY: ECR: _____ VAR: _____ Config. Code: _____ NOTES:
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(3) RECEIVER GENERAL BUY BUTTON (RGG) – MONERIS GATEWAY - ONLINE PAYMENTS SOLUTIONS

Note: Please refer to the [RGG Terms of Engagement](#) for more information on options and additional features.


Select all that apply: <input type="checkbox"/> Hosted Pay Page (HPP) <input type="checkbox"/> Application Programming Interface (API) <input type="checkbox"/> Virtual Terminal (VT) _____ STOREFRONT URL ADDRESS: _____ RGG CONTACT EMAIL ADDRESS: Do you have a SSL certificate for your website? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADDITIONAL FEATURES <input type="checkbox"/> Card Verification Value (CVV) <input type="checkbox"/> Verified by Visa (VbV) <input type="checkbox"/> SecureCode <input type="checkbox"/> Interac Online <input type="checkbox"/> Batch Processing <input type="checkbox"/> Recurring Payments <input type="checkbox"/> Vault <input type="checkbox"/> Independent Refunds	MONERIS/RG USAGE ONLY: Config. Code: _____ NOTES:
_____ IF YES, ENTER THE NAME OF THE SSL CERTIFICATE PROVIDER HERE		

Section 6 - SETUP AND INSTALLATION

POS INSTALLATION TYPE: Merchant self-install **Onsite installation (fee applies)** 

Contact person for installation _____
 Contact person phone # _____
 Contact person email address _____

TERMINAL COMMUNICATION TYPE

BATCH SETTLEMENT OPTION 

BATCH SETTLEMENT TIME (Default 11 PM local time): _____

Manual Imprinter: Yes Not required

If yes: Quantity: _____ Number of imprinter plates required: _____

Section 7 - SPECIAL INSTRUCTIONS AND COMMENTS

Large empty rectangular area for special instructions and comments.

AUTHORIZATION

To be completed by the Departmental Delegated Banking Representative Authority (as per the Form previously submitted to the Receiver General for Canada).


DEPARTMENTAL CLIENT AGREEMENT TO THE TERMS OF ENGAGEMENT

CARD ACCEPTANCE SERVICE:

The Departmental Delegated Banking Representative Authority, by signing this form, agrees to:

- adhere to the TBS Directive on Receipt, Deposit and Recording of Money; the RGD 2008-2 Deposit of Public Money to the Credit of the Receiver General for Canada; and the [Card Acceptance Terms of Engagement](#) as posted on the Intranet, and all amendments thereafter;
- pay fees related to the service via Interdepartmental Settlements, as described in the [Card Acceptance Terms of Engagement](#).

The Card Acceptance Service includes deposits of public money made by departmental clients using debit and/or credit card point of sale (POS) software and POS products. As part of the Receiver General for Canada (RG) contractual arrangement for the provision of credit and debit Card Acceptance services, departments accepting funds through credit cards are to ensure they remain compliant with Payment Card Industry Data Security Standard (PCI DSS) – please refer to [Appendix K of the Card Acceptance Terms of](#)

Authority Position Title:	
Contact E-mail:	
Contact Name:	
Contact Tel #:	Contact Fax #:
Signature (Delegated Banking Representative Authority): 	Date:

RECEIVER GENERAL REPRESENTATIVE

Name:	
Title: Cash Management Officer	
Email : OGCServdepotbancaire.CMODepositFacilities@tpsgc-pwgsc.gc.ca	
Phone :	
Fax : 819-956-9654	
Signature:	Date :