

# J.P.Morgan

## Commercial Card Classic - Customer Profile Form

### Company Information

Company Name Lexington-Fayette Urban County Government	Cycle Date Choose from 27th	Payment Terms 30/14
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### Program Administrator Setup - Individual designated by Corporate Officer to have authority over the program.

Primary Program Administrator Name Theresa Maynard				Program Administrator Name Todd Slatin				
Address Line 1 200 E. Main Street				Address Line 1 200 E. Main Street				
Address Line 2 Floor 3, Room 338				Address Line 2 Floor 3, Room 338				
City Lexington		State K   Y	Zip Code 40507		City Lexington		State K   Y	Zip Code 40507
Phone Number (859) 258-3320		Ext		Phone Number (859) 258-3320		Ext		
Fax Number (859) 258-3322				Fax Number (859) 258-3322				
Email Address theresam@lexingtonky.gov				Email Address tslatin@lexingtonky.gov				
Hierarchy Level		<input checked="" type="checkbox"/> Organization <input type="checkbox"/> Company		Hierarchy Level		<input checked="" type="checkbox"/> Organization <input type="checkbox"/> Company		
Authorization		<input checked="" type="checkbox"/> uthorized Signer		Authorization		<input type="checkbox"/> uthorized Signer		

**Hierarchy Level** – Organization level access is for the organization as a whole including all subsidiary companies, programs and cardholder level accounts. Company level access is for one (or more, if designated) company within an organization including the program and all cardholder level accounts. If company access is granted specify which company. If left blank organizational level access will be assumed.

**Authorized Level** – Minimum of one Authorized Signer per program. Has ability to designate program administrators with maintenance authority over program.  
: Program Administrators – individual designated by Authorized Signer with maintenance authority over the program

### Card Delivery

Administrator – Bulk Ship     Other – Bulk Ship     Cardholders

Required if different than Primary Program Administrator (Card Delivery address cannot be a post office box)

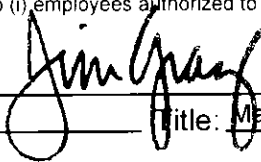
Name		
Address Line 1		
Address Line 2		
City	State	Zip Code

### Statement Delivery

Required if different than Primary Program Administrator

Name Deborah Gerardi - Accounts Payable		
Address Line 1 200 East Main Street		
Address Line 2		
City Lexington	State K   Y	Zip Code 40507

This application must be signed by an owner, officer or partner of the company with the authority to bind the company to the terms and conditions of this Commercial Card Classic Agreement. I hereby certify that I am duly authorized and acting officer partner or owner of the company with the authority to bind the company to the obligations of the Commercial Card Classic Agreement. I have read and agree to the terms of the Commercial Card Classic Agreement. In furtherance of this Commercial Card Classic program, I hereby authorize the above listed persons to give instructions to JPMorgan Chase as to (i) employees authorized to use Commercial Cards and (ii) limits and reporting structures as the use of such cards.

Signature of \_\_\_\_\_ Officer:  Date: 5-6-2013  
 Printed Name: Jim Gray Title: Mayor



## Global Commercial Card Automated Clearing House (ACH) Auto Debit Authorization Form

The undersigned, a duly authorized officer of the Client named below, hereby authorizes JPMorgan Chase to make monthly deductions from the designated account listed below for the FULL AMOUNT DUE which is shown on the monthly statement for the commercial card account listed below as the "Total Payment Due." Client understands that the amount of the monthly deduction may range from \$0 up to the Corporate credit line, plus any charges over the Corporate credit line (or credit access line) that are included in the Total Payment Due amount. The deduction will occur on your due date.

The amount deducted will never be more than the Total Payment Due. However, it may be less due to mid-cycle payments and other credits reducing the deducted amount if these post to the account between the statement Closing date and the subsequent Due Date (the date the payment is processed). Example:

\$50,000	New Balance, due 6/15/XX
\$25,000	Mid Cycle Payment, 6/1/XX
<u>\$25,000</u>	Monthly Deduction Amount, 6/15/XX

Client's monthly billing statement will serve as the only notice of the amount to be deducted for that month. This authorization will remain in effect until notification of cancellation. To cancel this service, please contact your Card relationship manager.

If you utilize ACH debit block services, you will need to have your bank add JPMorgan to their "allowable" list for the account that will be debited, to ensure the payment is processed correctly. Please use company ID # 36-0899825. (If you are not sure whether ACH debit block service exists on your account, please confirm with your bank before proceeding).

**Please complete two copies and retain one for your records.** If you are currently working with Implementations, only one copy of the completed form may be needed.

To enroll in Auto Debit, please complete

- **Section 1** filling out the Client Information
- **Section 2** entering your account information

Based on directions from your JPMorgan contact, please send the completed form to **one** of the following:

- Your Implementation Contact **or**
- E-Mail to [ccs.direct.debit@jpmchase.com](mailto:ccs.direct.debit@jpmchase.com) **or**
- Mail to JPMC Chase 2500 Westfield Drive Mail Stop: IL1-6225 Elgin, IL 60124

**SECTION 1: CLIENT INFORMATION**

<b>Signature of Authorized Signer</b>	<b>Date</b>
<i>Theresa Maynard</i>	5/6/13
<b>Name of Authorized Signer</b>	<b>Phone Number of Authorized Signer</b>
Theresa Maynard	859-258-3320
<b>Client Name</b>	<b>Email Address of Authorized Signer</b>
Lexington-Fayette Urban County Government	theresam@lexingtonky.gov
<b>Client Address</b>	
200 East Main Street, Lexington, KY 40507	
<b>J.P. Morgan Commercial Card Account Number</b>	

**SECTION 2: BANK INFORMATION**

<b>Name on Bank Account</b>	
LFUCG ACH Payables	
<b>DDA (Bank Account) Number</b>	<b>Bank ABA (Routing) Number</b>
192178250	044115443
<b>Account Type (Checking, Savings)</b>	
Checking	
<b>Bank Name</b>	
J. P. Morgan	
<b>Bank Address</b>	
201 East Main Street, Lexington, KY 40507	

**Commercial Account Implementation Form – Bank Use Only**

Requestor M. Smith

QC By

Date

**Company Information**

Bank #: \_\_\_\_\_ Company #: \_\_\_\_\_ Corp Bill/Corp Pay  Ind Bill/Ind Pay   
 Agent #: \_\_\_\_\_ Big Agent #: \_\_\_\_\_ Ind Bill/Corp Pay  Suspend/Cancel Terms: \_\_\_\_\_  
 Company Name: Lexington-Fayette Urban County Governme  
 Primary Contact: Theresa Maynard Cycle: 27th  
 Phone Number: (859) 258-3320 Credit Limit:  
 Fax#: (859) 258-3322 Payment Terms: 30/14  
 Email: theresam@lexingtonky.gov Payment Instructions:  
 Address 1: 200 E. Main Street Bank Name: J. P. Morgan  
 Address 2: Floor 3, Room 338 ABA#: 044115443  
 City: Lexington State: K Y Zip Code: 40507 DDA#: 192178250

**Corporate Setup**

FC RC: \_\_\_\_\_ CA Front-end Fee RC: \_\_\_\_\_ Min Pay: \_\_\_\_\_ LC Fee RC: \_\_\_\_\_  
 Hold Statement Option:  Return  255 = Foreign Address Statement:  Detail or  Summary  
 Foreign address:  Y or  N Cash Percentage: 100 % PIN Request: (Mailer)  Y or  N  
 Hold Plastic:  Y or  N IBX Initiator: \_\_\_\_\_ Plastic Delivery:  N or  B  
 Stmt Memo Sup:  Y or  N Branch: \_\_\_\_\_ Combined Corp #: \_\_\_\_\_

**Additional Program Information**

Desired Start Date: \_\_\_\_\_ Plastic Logo: (check one)  JP Morgan Chase: \_\_\_\_\_ Graphix #: \_\_\_\_\_  
 Logo Color: \_\_\_\_\_ (Options: Black, Blue, White, Green, Red, Burgundy, Silver, Gold)  
 Number of Cards: \_\_\_\_\_ Gold Plastic: (check one)  64923 (Bank 2234)  64925 (Bank 2237)  64428 (Bank 2235)  
 Tipping Color is Silver:  004  
 Reporting: (check one)  SDG2  SDOL  TBR  None  
 Pins: (check one)  Custom  Pin Mailers  None

**Special Handling Notes**

ACR Key - \_\_\_\_\_ FLWY  
 Hier - \_\_\_\_\_ SSN/DOB  
 Default Address - \_\_\_\_\_  
 Agent - \_\_\_\_\_  
 Default NL2 - \_\_\_\_\_

MCCG:  Default \_\_\_\_\_  Custom \_\_\_\_\_

**Corporate Account Number**  \_\_\_\_\_ **Diversion Account Number**  \_\_\_\_\_

Acct Number XXXX - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Commercial Card Fee Account Number XXXX - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Spending Limit: \$5,000; MCCG: 99E