

Questionnaire

County / Town / Village name:		
Check off the following applications that you wish to run.		
Generic Pay: Department Pay: Bill Search:		
The following is to be completed by the Authorized Users and returned via email:		
Please indicate the number of Swipes you desire:		
Do you want Generic Bill Payments to be online for public use: Y/N		
(If no, proceed to following next question)		
Published Date of start of cycle:		
Published End Date of cycle:		





Generic Bill Payment Heading:	
GBPAY Header:	
GBPAY Footer:	
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Field #1 Title:	required: Y/N
Field #2 Title:	required: Y/N
Field #3 Title:	required: Y/N
\$ Field #4 Title:	is required
The information from your files that you want returned and p	rinted on a receipt:
Ref# 1:	
Ref#2:	
Ref#3:	
Upon Receipt,	



To be completed by IMAS, LLC:

ID And Name:		
State: Muni:	County:URL_	
Bill Code / Type	/ <u>Tax</u> Import File Extension	.CSV_
Site Fee <u>3.0%</u>	Swipe cost . <u>50</u>	
		To be completed by IMAS
Test Mode 0 / 1	Processor 0 / 1	
Auth: Login: Site Fee Login:	Trans. Key: Site Fee Key:	
MCP: Account:	User: Password:	