# Request for New Electronic Lockbox (epayment) Application

# (revised 05/12)

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| **Contact Information** | | |
| Agency Name |  |  |
| Contact Name |  | Contact Phone No |
| Date of Request |  | Target Implementation Date |

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| **Program/Application Information** | |
| **1.** | **Name and description of the program/receipting application** |
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| **2.** | **Relevant statutory references (including appropriations where revenue is deposited)** |
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| **Payment Information** | | | |
| **3.** | **Estimated application volumes** | | |
|  | | Fiscal Year | No. of Pmts |
| No. of lockbox payments received for this application in most recent fiscal yr | |  |  |
| No. point of sale payments received for this application in most recent fiscal yr | |  |  |
| No. of mail/telephone orders received for this application in most recent fiscal yr | |  |  |

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| --- | --- |
| % of payments that will be made by: businesses/individuals/governments (i.e. 70/20/10) |  |
| What is the anticipated range of ePayment amounts? |  |
| What is the anticipated average ePayment amounts? |  |
| How will Payers learn about this new ePayment capability? |  |

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| **4.** | **Payment methods to be accepted online** | |
| Credit and debit cards | |  |
| eChecks (ACH-debits originated by the State to withdraw funds from the Payer’s bank account) | |  |

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| **5.** | **Convenience Fees** | | |
| Are there any statutory requirements regarding convenience fees for this application? If so, list. | |  | |
| **Method for paying credit and debit card fees (select one – see State Accounting Manual Section V)** | | |  |
| Convenience fee/custody appropriation method | | |  |
| No convenience fee/budgeted appropriation method | | |  |

Agency financial manager should email this form to the [State Controller’s Office](mailto:jeff.anderson@wisconsin.gov;sarah.haeft@wisconsin.gov).