


Commercial Card Program Authorizations Form

(Authorization Designation, ACH Auto Debit and Rebate)

Summary In this form, we ask you to supply information about your company's contacts and authorize important payments for your Commercial Card Program. All gray shaded fields are required to be completed.

- Part 1 Confirm your company details
- Part 2 Add or change the primary Program Administrator
- Part 3 Add or change other contacts
- Part 4 Set up automated clearing house (ACH) auto debits (US only)
- Part 5 Set up rebate payment instructions
- Part 6 Confirm these authorizations (signatures )

You don't need to complete all sections if you have already supplied information and it remains current. But your authorized representatives must sign the form's final page.

Please return the signed form, keeping a copy for your records, to either:

- your Implementations contact, if you are a new or onboarding client, or
- your Commercial Card Client Services contact, if you are an existing client working with Servicing.

Please note:

- We can rely on this form until we receive written notice of a change, and we have had reasonable time to act on it.
- Terms not otherwise defined here have the same meaning as in your Commercial Card Agreement, or other similar agreements ("Agreement") with us

Part 1: Confirm your company details

You must complete this section to confirm your company details.

Please also give your contact details, as the person completing the form, in case we need to get in touch.

Company details

Organization name (if available)	
Organization number (ECID) (Bank Use Only)	
Company name (21 character limit)	City of Oklahoma City
Address	100 N Walker Ave Ste 200
City, State, ZIP Code	Oklahoma City, OK 73102
Phone	405-297-2184
Company numbers (required for existing clients only)	02062

Add or change your primary Program Administrator? ☐ Yes ☒ No

Add or change your other Program Administrators? ☒ Yes ☐ No

Set up ACH auto debit? (US Only) ☐ Yes ☒ No

if updating **ACH Auto Debit only**, please send completed form to ccs.direct.debit@jpmchase.com

Set up or update rebate payment instructions? ☐ Yes ☒ No

if updating **Rebate only**, please send completed form to ccs.rebate@jpmchase.com

Commercial Card Program Authorizations Form (Authorization Designation, ACH Auto Debit and Rebate)

Part 2: Add or change the primary Program Administrator

Use this section to add, delete or change your **primary Program Administrator**. Ignore it if your administrator's details are up to date.

The primary Program Administrator is the person your company designates as the contact for program emails and phone calls. They have maintenance authority and can submit applications, update details, and request cards or credit line changes. They can also request file resends and inquire about file names, delivery information, incoming files and system issues.

You can only have one primary Program Administrator, but should also have secondary administrators (see part 3). If you are replacing your Primary Administrator, please give details for the new administrator and delete the current one. Otherwise, the current administrator will remain as a secondary administrator.

Primary Program Administrator (PA)

Do you have an existing Program Administrator? ☒ Yes ☐ No (Select No for new program setup)

Current PA's name
(if applicable)

Sharmanlyne Vickers

Do you want to Delete or Change to Secondary Administrator? ☐ Delete ☐ Change to Secondary Administrator

New Program
Administrator's name

Is this contact's address the same as the company address? ☒ Yes ☐ No (If no, list applicable details below)

Business address

Business phone

City, State, ZIP Code

Business email

Authorization level Primary Program Administrator

Does the Primary PA you authorized have access to ALL company numbers listed in Part 1? ☒ Yes ☐ No (If no, list applicable details below)

Company numbers

Bank & Company numbers
(Bank Use Only)

If the organization adds additional companies, you will need to complete a new authorization form.

Commercial Card Program Authorizations Form

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Part 3: Add or change other Program Administrators

Use this section to add, change or delete other Program Administrators, information only contacts or technical contacts. Ignore it if your contacts are up to date.

The primary **Program Administrator** is the person your company designates as the contact for program emails and phone calls. They have maintenance authority and can submit applications, update details, and request cards or credit line changes. They can also request file resends and inquire about file names, delivery information, incoming files and system issues.

An **information only contact** can only request transactional and company data. They cannot request cardholders' personal information such as security identifiers and they cannot add, change or delete cardholder or company data.

A **technical contact** has the same access as an information only contact but can also request file resends and inquire about file names and delivery information, incoming files, and system outages and issues.

Other Program Administrators

Program Administrator # 1

Name

What do you want to do for this contact? ☒ Add ☐ Delete ☐ Change authorization level

Does this PA have access to ALL company numbers listed in Part 1? ☒ Yes ☐ No (If no, list applicable details below)

Company numbers

Authorization level (see definitions above) ☒ Program Administrator ☐ Information only contact ☐ Technical Contact

Bank & Company numbers (Bank Use Only)

Is this contact's address the same as the company address? ☒ Yes ☐ No (If no, list applicable details below)

Business address Business phone

City, State, ZIP Code Business email

Program Administrator # 2

Name

What do you want to do for this contact? ☐ Add ☐ Delete ☐ Change authorization level

Does this PA have access to ALL company numbers listed in Part 1? ☐ Yes ☐ No (If no, list applicable details below)

Company numbers

Authorization level (see definitions above) ☐ Program Administrator ☐ Information only contact ☐ Technical contact

Bank & Company numbers (Bank Use Only)

Is this contact's address the same as the company address? ☐ Yes ☐ No (If no, list applicable details below)

Business address Business phone

City, State, ZIP Code Business email

Commercial Card Program Authorizations Form

(Authorization Designation, ACH Auto Debit and Rebate)

Other Program Administrators

Program Administrator # 3

Name

What do you want to do for this contact? ☐ Add ☐ Delete ☐ Change authorization level

Does this PA have access to ALL company numbers listed in Part 1? ☐ Yes ☐ No (If no, list applicable details below)

Company numbers

Authorization level
(see definitions above)

- ☐ Program Administrator
☐ Information only contact
☐ Technical contact

Bank & Company numbers
(Bank Use Only)

Is this contact's address the same as the company address? ☐ Yes ☐ No (If no, list applicable details below)

Business address Business phone

City, State, ZIP Code Business email

Program Administrator # 4

Name

What do you want to do for this contact? ☐ Add ☐ Delete ☐ Change authorization level

Does this PA have access to ALL company numbers listed in Part 1? ☐ Yes ☐ No (If no, list applicable details below)

Company numbers

Authorization level
(see definitions above)

- ☐ Program Administrator
☐ Information only contact
☐ Technical contact

Bank & Company numbers
(Bank Use Only)

Is this contact's address the same as the company address? ☐ Yes ☐ No (If no, list applicable details below)

Business address Business phone

City, State, ZIP Code Business email

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Part 4: Set up automated clearing house (ACH) auto debits (US only)

Use this section to set up an ACH auto debit. By doing this, you authorize us to make deductions from your chosen business account to pay your commercial card account. We will deduct the full amount due: this is the "current balance" on your card statement.

The deduction will:

- be on the payment due date or alternative due date (or the next business day if the due date is a weekend or holiday)
- range from \$0 to the corporate credit line, plus any charges over that line (or the credit access line) in the current balance, and
- never be more than the current balance but might be less if mid-cycle payments and other credits enter the account between the statement closing date and the payment processing date.

For example:

-\$50,000 Current balance due on June 15
+\$20,000 Payment or credit posted after closing date on June 1
-\$30,000 Amount auto debited on June 15

Your statement will be the only notice of the amount to be deducted.

This authorization will remain in effect until you or we give notice to cancel it. Please contact your card relationship manager if you would like to do this. We can also cancel your auto payments at any time in our reasonable discretion.

For all accounts held at Chase or other banks that use ACH debit block services, you will need to work with your bank to ensure JPMorgan Chase Company ID #36-0899825 is added to their "allowable" list for the account to be debited to ensure payments are processed correctly. Also, note that ACH debit block services may include restrictions on the debit amount which you may or may not want applied to the account to be debited. If you are unsure if ACH debit block service applies to the account to be debited, or have concerns regarding a debit amount restriction, please review with your bank before completing this section.

Are you updating / editing an existing ACH auto debit? ☐ Yes ☐ No

ACH bank instructions

Bank details

Customer name (full legal name on the bank account)	<input type="text"/>	ABA / Routing number (9 digits)	<input type="text"/>
Bank name	<input type="text"/>	DDA (bank account) number	<input type="text"/>
What is the account type? <input type="checkbox"/> Savings <input type="checkbox"/> Checking			

Auto debit options

Auto debit options (Please select one)	<input type="checkbox"/> Payment due date	
	<input type="checkbox"/> Alternate payment date	
Note: Alternate payment date is only available to clients with Corp Bill/Corp Pay setups and standard terms of 30/25 & 30/14		
Enter number of days after cycle close 1-24 for 30/25 Terms or 1-13 for 30/14 Terms		<input type="text"/>
		Note: This will determine your payment date. For example, "10" represents 10 days after cycle close.
		Select your contractual terms <input type="checkbox"/> 30/25 <input type="checkbox"/> 30/14
		Note: Only applicable if Alternate payment date is selected

Commercial card account number

CC account number 1 (16 digits)	<input type="text"/>
CC account number 2 (16 digits)	<input type="text"/>

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Part 5: Set up rebate payment instructions

Use this section to set up ongoing payment instructions for card rebates you might be entitled to, only if you have not already provided these rebate instructions along with your Commercial Card Agreement.

We require the following instructions on file because this information:

- makes the payment process more secure and efficient
- means you don't have to confirm your bank details each time a rebate is due, and
- reduces the risk of data entry errors, or incorrect or unauthorized instructions.

One of the authorized representatives listed in Part 6 will receive a phone call to verbally confirm the bank instructions provided. We will deposit via wire transfer into a business account only (not a personal account). Please enter the bank and account names exactly as they appear on your account.

Rebate bank instructions

Rebate bank instructions

What type of instruction set-up are you performing? ☐ New ☐ Revised Payment Type Wires only

Where is your bank located? ☐ United States ☐ Canada

Bank details

Bank name	<input type="text"/>		
Account number	<input type="text"/>	SWIFT code (if applicable)	<input type="text"/>
ABA/Routing number <small>You are required to enter a ABA/Routing number that accepts Wire payments</small>	<input type="text"/>	Sort code	<input type="text"/>

Business account details

Account name	<input type="text"/>		
Intermediary Bank <small>(Pay through bank)</small>	<input type="text"/>	SWIFT code (IBAN)	<input type="text"/>

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Part 6: Confirm these authorizations

Two of the company's authorized representatives must sign this section. One gives their authorization, while the other witnesses their signature. The same person cannot sign both fields below.

Where applicable, we may phone these representatives to confirm the form's information related to the completed sections above.

You can physically sign the form or insert an electronic image of your signature.

Authorization

I am an officer, member, manager, director, managing partner, general partner or approved representative of the company. I am authorized to bind our company and provide the information on this form. I am signing as a representative of the company and not as an individual.


I certify that:


- the people on this form are authorized to perform the responsibilities we have assigned
- our governing body has adopted resolutions or other binding measures authorizing us to sign this form and act on its content
- those measures were adopted consistent with laws and our own governance documents, have been entered into our company records, and are now in effect.

We will give you evidence of these authorizations immediately upon your request.

Signer

Are you using electronic signature? ☒ Yes ☐ No

Signature 



Name

David Holt

Title

Mayor

Phone number

405-297-2424

Date

10/30/2023

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Attestation


I am an officer, member, manager, director, managing partner, general partner or approved representative of the company.

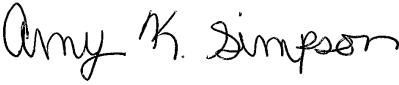
I certify that each person signing above:

- is authorized to bind our company and provide the information on this form
- is an officer, member, manager, director, managing partner, general partner or approved representative with authority to sign this form.

I witnessed their signature.

Are you using electronic signature? ☒ Yes ☐ No

Signature 



Name

Amy Simpson

Title

City Clerk

Phone number

405-297-2397

Date

10/30/2023