



West Virginia State Treasurer's Office Lockbox Agreement

Complete the agreement sign and return to:

West Virginia State Treasurer's Office (STO)
Attn: Michael Buchanan
Receipts Processing Division
1900 Kanawha Boulevard East.
Charleston, West Virginia 25305
[AGENCY INFORMATION](#)

Agency Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____

Primary Contact Person: _____

Email: _____

Phone #: _____

Secondary Contact Person: _____

Email: _____

Phone #: _____

Any changes to the Primary or Secondary Contact information must be provided to the STO immediately.

Purpose:

The Agency requests the STO to provide a Remittance Process Plan that consists of lockbox payment processing services, including but not limited to the following: Receiving mail from the post office, opening and removing contents of envelopes, scanning and imaging contents of the mail, performing data repair functions, performing balancing functions, generating the check deposit to the Federal Reserve, depositing the funds in the specified general ledger account, generating the remittance file and delivering the remittance information to the Agency.

Description of Agency Activity for Lockbox Processing:

Mail Volume: _____ Frequency: _____

GENERAL LEDGER ACCOUNT (OASIS FUND)

Dollars collected from this lockbox will be deposited in the following account(s)

Attach more pages if needed

Fund	Sub Fund	Fiscal Year	Dept	Unit	Revenue Source	Sub Revenue	%
_____	_____	Current	_____	_____	_____	_____	_____
_____	_____	Current	_____	_____	_____	_____	_____
_____	_____	Current	_____	_____	_____	_____	_____

The Agency is responsible for maintaining this fund information in Oasis for each new fiscal year. Any changes to this information must be provided to the STO immediately.

Remittance Information Instructions (paper)

The Agency requests the following remittance items to be mailed to the Primary Contact after processing each day:

- Paper remittance forms (coupons or full page forms)
- Included documentation (letters, reports, any other documents)
- Envelopes

Remittance Information Instructions (electronic)

The Agency will be updating the customer’s records in the following manner:

- Manually recording the payments in the Agency’s accounts receivable system
- Automatically uploading the data file containing the remittance data

The Agency will need to receive remittance information in the following manner:

- E-mail containing the total amount deposited only
E-mail Address: _____
- E-mail containing the total amount deposited with the remittance file attached
E-mail Address: _____
- Remittance file placed on an STO ftp site
- Remittance file placed on the Agency’s ftp site

Web address and logon information: _____

Other remittance file instructions: (Attach additional pages if needed.)

Exception Handling

1. When the check amount does not match the remittance form amount(select one option for each item):

Forward the check and the remittance form to the Primary Contact

Adjust the amount received to match the check amount

2. If there is no remittance form included with the check:

Forward the check and the envelope to the Primary Contact

Deposit the check with a blank remittance form and record the payment using the following remittance account information:

Research/Problem Solving

Agencies are responsible for reconciling deposit amounts and remittance uploads.

Agencies are provided web access to the images of the checks and the remittances at the following web address: <https://apps.wvsto.com/LockBox/LockBoxDefault.aspx>

New users must be approved by the Agency's Primary or Secondary Contact.

For issues concerning the lockbox process, the STO will attempt to contact the Agency's Primary Contact, and then the Secondary Contact.

The preferred contact method is email to ReceiptsGroup@wvsto.com

Secure Information

All remittance information may contain sensitive or secure data such as Social Security numbers and account numbers.

Please indicate whether your remittance information contains any data covered under HIPPA or there are any other security issues that the STO should be aware.

NO

YES - Explain: _____

To be completed by STO

Post Office Box Number:

Sort Pattern Number:

Agency per item charge:

Other Costs that will be the responsibility of the Agency:

P.O Box Rental Remittance Printing Remittance Mailing _____
Other

Post Office Box Rental amounts are controlled by the US Postal Service. Agencies contract directly with the USPS for rental service.

Current rental fees are available online at <https://poboxes.usps.com>.

AGREEMENT:

The Undersigned Agency and the West Virginia State Treasurer’s Office (“STO”) hereby covenant and agree as follows:

1. **Agreement:** Agency and the STO will develop a Remittance Process Plan (“Plan”) that will allow the Agency to purchase products and/or services from payees by check or money order. Agency desires to utilize the STO lockbox system for payment acceptance, and hereby agrees to make any modifications to its remittance forms needed to accommodate the requirements of the STO system and to pay the costs associated with utilizing the STO system. Agency assumes full and complete responsibility for the development and maintenance of its remittance activity, including post office box rentals and printing and mailing of forms. All remittance form formats will be approved and tested by the STO prior to use or mailing by the Agency. The Agency will reconcile the daily deposit activity to the remittance information and research any discrepancies. STO shall provide payment acceptance services, including but not limited to, settlement and deposits. The parties shall agree upon a Project Design and Implementation Plan prior to utilization of the lockbox services.
2. **Term:** The term of this Agreement shall commence on the date authorized by the STO as the Effective Roll-Out Date and shall extend for a period of one (1) year. This Agreement shall automatically extend for periods of one (1) year each unless terminated by one of the parties in accordance with this Agreement.
3. **Costs and Payment:** Agency shall pay to the STO the amounts charged in connection with this Agreement, which costs may include, but are not limited to, post office box rental, per item fees, printing and/or mailing costs related to the remittance forms, and possible programming charges. STO shall maintain a Fee Schedule, which may be changed as determined necessary by the STO. The STO reserves the right to waive or adjust the amount of fees or costs, which may be based on the amount of activity associated with the Agency’s account. The STO will notify the Agency of any adjustment or change to the fees prior to assessing the same. The STO shall invoice the Agency for all charges on a monthly basis. Agency shall pay all invoices within thirty (30) days of receipt thereof. The Agency may authorize the STO to deduct the fees from the Agency’s investment accounts held with the Board of Treasury Investments, in which case written authorization shall be executed and submitted to the STO prior to any such deduction.
4. **Confidentiality & Security:** The parties agree to maintain as confidential all information and documents stated as confidential. The Agency agrees to adhere to STO security and confidentiality standards.
5. **Termination:** Either party may terminate this Agreement upon sixty (60) days written notice to the other party. Agency will be responsible for and agrees to pay all charges accrued to the date of termination.
6. **Funding:** Services to be performed under this Agreement shall be continued in subsequent fiscal years contingent upon funding being available. In the event funding is not available, this Agreement shall terminate without penalty on June 30 of the year in which funding is no longer available. After that date, this Agreement is of no effect and is null and void.
7. **Amendments:** All amendments, modifications, alterations or changes to this Agreement shall be in written addenda to this Agreement, signed by both parties, and authorized in accordance with West Virginia law.
8. **Severability:** If any provision of this Agreement is found to be invalid by a court of competent jurisdiction, such invalidity shall not affect the remaining provisions which can be given effect without the invalid provision, and to this end, the provisions of this Agreement are declared to be severable.
9. **Governing Law:** This Agreement shall be governed by the laws of the State of West Virginia.
10. **Entire Agreement:** This Agreement constitutes the entire understanding and agreement of the parties with respect to the subject matter and supersedes all prior agreements or understandings, written or oral, between the parties with respect thereto.
11. **LIMITATION OF LIABILITIES:** Under no circumstances will the West Virginia State Treasurer’s Office be liable to any party for any direct, indirect, special, incidental, consequential, punitive or other damages based on any use of the STO’s lockbox system, including, without limitation, any lost profits, and damages resulting from lost data or business interruption, or loss of programs or information.
12. The Agency certifies that the person executing this Agreement is authorized to act on behalf of the Agency and that this Agreement has been approved by the Agency.

Date of Agreement: _____ Renewal New

Agency

West Virginia State Treasurer’s Office

By: _____
Signature

By: _____
Signature

Printed Name
Title: _____

Printed Name
Title: _____

Project Design and Implementation Plan

Agency _____ Sort # _____

Please attach current remittance form and highlight all fields that need to be captured.

Size of remittance form: _____

Number of fields for capture: _____

Check Fields to be captured (circle) amount check#

Peak Activity Times: (circle)

Daily Monthly Quarterly Yearly Bi-annual Other

Target Roll-Out Date: _____

Contact Information for remittance form printer:

Company: _____

Contact Name: _____

Phone Number: _____

E-mail address: _____

	Date	Approved by (STO)
Remittance Form Design	_____	_____
Test forms Approved	_____	_____
Sort Pattern Design/Implementation	_____	_____
Extract File Creation/Testing	_____	_____
Remittance Forms Mailed	_____	_____
Effective Roll-Out Date	_____	