



# SHAZAM Secure Purchase Order

6700 Pioneer Parkway • Johnston, IA 50131 • 515-288-2828

Email the completed form to SHAZAM Secure Fulfillment Team ([ePayAdvisors@shazam.net](mailto:ePayAdvisors@shazam.net)).

1) Date Prepared: \_\_\_\_\_ 2) Financial Institution Name: \_\_\_\_\_ 3) Address: \_\_\_\_\_

4) City, State, Zip: \_\_\_\_\_ 5) Contact Name: \_\_\_\_\_ 6) Contact Phone Number: \_\_\_\_\_

7) Contact Email: \_\_\_\_\_ 8) Financial Institution ABA #: \_\_\_\_\_

## SHAZAM Secure services requested

	Place Checkmark (√) next to each solution requested	Small Engagement Price	Place Checkmark (√) next to each solution requested	Medium Engagement Price	Place Checkmark (√) next to each solution requested	Large Engagement Price
Robbery Course^		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)
Active Shooter^		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)
Threat Assessment^		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)		\$1,500 (+ expenses*)
BSA Exam**		\$1,500		\$1,800		\$2,500
IT Exam**		\$3,000		\$5,000		\$10,000
External Assessment**		\$400		\$600		\$1,000
Internal Assessment**		\$1,000		\$1,250		\$2,000
Penetration (PEN) test**		\$2,000		\$3,000		\$5,000
Web App Scan**		\$700		\$1,000		\$1,500

^ Executed Waiver of Liability, Indemnity & Enrollment Agreement is required from Financial Institution before trainings can be conducted.

\* Expenses for Physical Security items normally include standard travel to and from Financial Institution location (air flight if needed), lodging and meals for fulfillment resource.

\*\* If travel required for SHAZAM Secure Solution, Financial Institution will pay for standard travel, lodging and meals for fulfillment resource.



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## ACH Authorization

**Routing / Transit Number**

**Account Number**

**Account Type (Ckg/Sav/GL)**

This ACH authorization is for the benefit of ITS, Inc., SHAZAM, Inc., and /or ITS Bank (as applicable, referred to herein as the “SHAZAM Network”). The undersigned Financial Institution (“FI”) hereby authorizes the SHAZAM Network to initiate ACH debit and /or credit entries as well as adjusting or correcting entries, if necessary, to the account referenced above for specified billing items. The FI agrees that fee and dues payment ACH entries may be initiated by the SHAZAM Network on the 15th or 30th of the applicable month. For expenses associated with Physical Security items and travel expenses payment will also be made by ACH and will be initiated by the SHAZAM Network based upon terms within the SHAZAM Secure Purchase Order and Service Agreement. This authority remains in full force until the SHAZAM Network has received written notification of termination of such authorization, in such time and in such manner as to afford the SHAZAM Network a reasonable opportunity to act on it; provided that FI shall at all times maintain at least one ACH authorization as required under the terms of any underlying agreement(s) between FI and the SHAZAM Network. The billing account information will remain as indicated on this form for any additions to the SHAZAM Secure Purchase Order and Service Agreement unless and until a replacement ACH authorization form indicating new account information has been completed and submitted to the SHAZAM Network. Each person signing below represents and warrants that he/she is a duly authorized representative of the entity on whose behalf such person is signing, with full authority to execute this Agreement on behalf of his / her respective institutions.

## Acknowledgment and Agreement

The undersigned agrees to all terms and conditions set forth in the SHAZAM Secure Services Agreement and /or a Release, Waiver of Liability, Indemnity & Enrollment Agreement, and agrees to pay all applicable fees as set forth in the SHAZAM Secure Purchase Order. Additionally, the undersigned agrees to comply with all applicable technical specifications and standards and shall perform or install updates as required. By signing this form, the FI represents and warrants that it is authorized to submit this form and that SHAZAM / ITS is authorized to rely upon the information provided in this form.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_