FIFTH THIRD CARDS PAYABLE ENROLLMENT FORM

Please complete the following information and fax back to **859-745-3935** or mail to address below to authorize receipt of payment via our electronic card based payment program.

Clark County Public Schools
Attn: Finance Dept
1600 W Lexington Ave
Winchester, KY 40391

- I agree to accept Purchasing Cards or Card Payables VCNs as a form of payment:
  Yes ☐ No ☐
- I am a current MasterCard merchant acceptor.
  Yes ☐ No ☐
- I would like to be contacted to become a MasterCard acceptor or to discuss my current merchant processing arrangement:
  Yes ☐ No ☐

PLEASE TYPE OR PRINT

Company Name: _____

Contact Name: _____

Address: _____

City, State, ZIP _____

Email Address: _____

Fax Number: _____

Phone Number: _____

Signed: _____

Title: _____

Date: _____