

RESOLUTION APPROVING AGREEMENT BY AND BETWEEN THE ASHTABULA COUNTY BOARD OF COMMISSIONERS AND INVOICE CLOUD INC., BUILDING DEPARTMENT

WHEREAS, Tom Congdon, Chief Building Official, has presented the following for the approval of the Board, to-wit:

PROVIDER: Invoice Cloud Inc., 35 Braintree Hill Park, Braintree, MA 02184-8701; the sole provider of integrated payment collection services with Citizen Serve, the current billing provider of Ashtabula County Building Department

SCOPE: For the purpose of electronic payment collection and processing for the Ashtabula County Building Department

COST: Contracted cost and fee schedule is detailed in the Biller Order Form provided in the contract attached. Total monthly cost is determined by quantity of payments collected for each service and will be billed in addition to the minimum monthly set amount.

TERM: This agreement shall begin upon signing and is ongoing.

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that the Agreement noted above is approved in accordance with the copy now on file in this office.

BE IT FURTHER RESOLVED that the President of the Board, on behalf of the Board of Commissioners of Ashtabula County, is authorized to execute any and all necessary documents.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2025-561

December 23, 2025

**RESOLUTION APPROVING AGREEMENT BY AND BETWEEN THE ASHTABULA
COUNTY BOARD OF COMMISSIONERS AND INVOICE CLOUD INC., BUILDING
DEPARTMENT**

Upon the motion of Casey R. Kozlowski, seconded by Kathryn L. Whittington.

VOTE:

J.P. Ducro IV	Aye
Casey R. Kozlowski	Aye
Kathryn L. Whittington	Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.

Lisa Hawkins

Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

**BILLER ORDER FORM
INVOICE TYPE PARAMETER SHEET**

Invoice Type Parameters must be completed for each invoice type

Invoice Type	Building Permit Fees	Pricing Model	Submitter	
		Biller Pays Network Fees	No	

CURRENT BILLING DETAILS

Please indicate how many bills are sent monthly by placing the bill count for each month below:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
300	300	300	300	300	300	300	300	300	300	300	300

Avg CC Transaction \$	250.00	Max Invoice \$	5,000.00	Bill Frequency	Monthly	Avg. Bills Per Month	300
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PRODUCTS AND SERVICES

Products and Services	[Cloud Pay]
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TRANSACTIONAL PRICING (Paid by Biller)

Payment Source Description	Payment Method	Fee Rate %	Fee Amount \$	Additional Fee \$
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TRANSACTIONAL PRICING EXCEPTIONS

SERVICE FEES (Paid by Payer)

Payment Source Description	Payment Method	Fee Amount	Calculation Type	Min. Fee (\$) per Transaction
All Payment Sources	Credit/Debit/PayPal	2.85 %	Percent (%)	\$2.85
All Payment Sources	ACH/EFT	\$0.95	Fixed (\$)	

SERVICE FEE EXCEPTIONS

MAX PAYMENT CAP

Card and PayPal Max (\$)	125,000	ACH Max (\$)	125,000
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BILLER BANK ACCOUNT (FOR DEPOSITS AND CHARGEBACKS)

Note: must include voided business check or bank letter for each unique account

Routing #		Last 4 Acct #		Last 4 Acct # for OBD	
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NOTES / SPECIAL HANDLING

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SALES INFORMATION									
IC Sales Rep	Haley Joslin				Vertical	Local Gov (Util, Tax, Misc)			
Order Date	12/9/2025	Sales Partner		Software Partner	None				
PRODUCTS AND SERVICES									
Products	[Cloud Pay]								
PAYMENT METHODS ACCEPTED									
Payment Types	[American Express] [VISA/Mastercard/Discover] [PayPal] [ACH/EFT]								
BILLER INFORMATION									
Ownership Type	Government			Phone	440-576-9090	Fax			
Legal Name	County of Ashtabula			Website URL	https://www.ashtabulacounty.us/				
Address 1	25 West Jefferson Street			Bus. Open Date					
Address 2				Federal Tax ID	34-6000128		<i>*Federal Tax ID and Legal Name must match on all documents</i>		
City	Jefferson								
State	OH	ZIP	44047						
BILLER CONTACT									
Primary Contact Name	Cari Ellsworth								
Phone	440-576-1403								
Email Address	caellsworth@ashtabulacounty.us								
SIGNING AUTHORITY									
Name	J.P. Ducro IV			Title	Commissioner				
Phone	4409694914	Fax		Email Address	jpducro@ashtabulacounty.us				
BILLER PRICING									
Description	Interval	Cost Type	Cost						
Credit Card - Chargeback Fee Submitter	Per Transaction	Fixed (\$)	\$15.00						
EFT - ACH Reject Fee Submitter	Per Transaction	Fixed (\$)	\$15.00						
PayPal Brands - Chargeback Fee (PayPal Brands)	Per Transaction	Fixed (\$)	\$15.00						
HARDWARE									
Card Reader Type		Quantity		Cost per Reader					
Card Reader				Billing Interval	Monthly				
Shipping Addr. (if different than location address)									
Kiosk Type	Device Quantity	Per Device Txn Min	Note: Biller will be charged for the minimum number of transactions listed to left each month per kiosk unity. In addition, if the Biller's order includes kiosks then the terms and conditions of Kiosk Managed Standard SOW (and applicable schedules) are hereby agreed and incorporated by reference						
Standard/In-Door		750							
Thru-Wall		800							
Outdoor Model		850							
BILLER BANK INFO									
Note: Must include voided business check or bank letter for each unique account									
Billing Method	Direct Debit			Bank Name					
Name on Account									

Bank Address	<input type="text"/>	Phone	<input type="text"/>
Routing #	<input type="text"/>	Last 4 Acct #	<input type="text"/>

DATA RETENTION

Months to Keep	24	*Additional Fees apply if greater than 24 months
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NOTES/SPECIAL HANDLING

CERTIFICATION AND AGREEMENT


- A. By signing below, the Biller hereby ratifies its authorization for Invoice Cloud, Inc. ("Invoice Cloud") to execute debit/credit entries to its checking/deposit account(s) indicated above at the depository financial institution(s) named above and to debit/credit the same such account(s). The Biller acknowledges that the origination of ACH transactions to its account(s) must comply with the provisions of U.S. law. This authority is to remain in full force and effect until (i) Invoice Cloud has received written notification (by electronic or U.S. mail) from the Biller of its revocation in such time and manner as to allow Invoice Cloud a reasonable opportunity to act on it, but not less than 10 business days notice; and (ii) all obligations of the Biller to Invoice Cloud that have arisen under this Agreement and all other agreements have been paid in full. The Biller must also notify Invoice Cloud, in writing, (by electronic or U.S. mail) when a change in account number(s) or bank has occurred at which time this authorization shall apply to such new/changed account. This notification must be received within 10 business days of change. A fee will be charged for any returned ACH debits.
- B. By signing below, the Biller named: (1) has read, agreed to, ratifies the Biller Agreement, Biller T+C and other Order Forms previously executed by the Biller, and (2) certifies to Invoice Cloud that he/she is authorized to sign this Add on to the Biller Order Form; (3) certifies that all information and documents submitted in connection with this Order Form are true and complete; (4) authorizes Invoice Cloud or its agent to verify any of the information given, including credit references, and to obtain credit reports (including a spouse if in a community property state); (5) agrees to pay the Monthly Access Fee through the last day of the month following the effective date of termination as provided in the Billing Agreement; (6) agrees that Biller and each transaction submitted will continue to be bound by the Order Form and the Biller Agreement in its entirety and any new agreement forms executed herewith; (7) If the Biller's order includes kiosks, then the terms and conditions of Kiosk Managed Services Standard SOW (and applicable schedules) are hereby agreed and incorporated by reference.(8) agrees that Biller will submit transactions only in accordance with the information in this Add on to the Biller Order Form and Biller Agreement and will immediately inform Invoice Cloud, by email (contracts@invoicecloud.com) if any information in this Order Form changes, and (9) the Biller agrees and understands that outstanding sums due and owing to Invoice Cloud., will be charged daily or monthly and debited from its current depository account. Non-sufficient funds for these debits are grounds for a change in fees or termination of this Agreement. In the event of non-payment of any sums due, Invoice Cloud reserves the right to withdraw such sums from the current depository account at any time to ensure payment of the same.
- C. Pay by Text: Standard data rates and text messaging rates may apply based on the payer's plan with their mobile phone carrier. Payer can opt out of text messaging at any time with Invoice Cloud. Partial payment or overpayment is not supported. Service fees may apply based on the biller set up with Invoice Cloud. Biller may not use the service for activities that violate any law, statute, ordinance or regulation.
- D. By signing below, the Biller hereby gives permission to Invoice Cloud to access his / her credit history via Trans Union, Equifax, or other credit-reporting agency.
- E. This Add on to the Order Form will become effective only when counter-signed by Invoice Cloud and upon execution by the Biller of such third party agreement required by Invoice Cloud to permit use of the payment function of the Service.
- F. If the Biller's order includes kiosks, then the terms and conditions of Kiosk Managed Services Standard SOW (and applicable schedules) are hereby agreed and incorporated by reference.

In WITNESS WHEREOF, the parties have executed this Agreement as of this day

12/23/2025

Accepted by Biller:

X



Corporate Officer

J.P. Ducro IV

Printed Name

Commissioner

Title

Accepted by Invoice Cloud, Inc.:

X



Corporate Officer

Kevin W. O'Brien

Printed Name

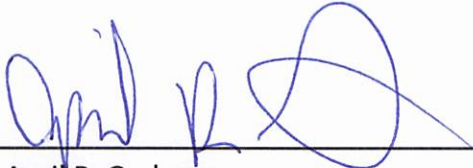
CEO

Title

Signature Page

AGREEMENT TITLE: Biller Order Form Invoice Type Parameter Sheet

APPROVED as to Legal Form Only.

Approved by:  _____
April R. Grabman
Ashtabula County Prosecutor

Dated: 12/19/2025

Reviewed by Earl F. Stoll, Assistant Prosecutor 

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PRODUCTS AND SERVICES

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SALES INFORMATION					
IC Sales Rep	Haley Joslin			Vertical	Local Gov (Util, Tax, Misc)
Order Date	12/9/2025	Sales Partner		Software Partner	None
PRODUCTS AND SERVICES					
Products	[Cloud Pay]				
PAYMENT METHODS ACCEPTED					
Payment Types	[American Express] [VISA/Mastercard/Discover] [PayPal] [ACH/EFT]				
BILLER INFORMATION					
Ownership Type	Government		Phone	440-576-9090	Fax
Legal Name	County of Ashtabula		Website URL	https://www.ashtabulacounty.us/	
Address 1	25 West Jefferson Street		Bus. Open Date		
Address 2			Federal Tax ID	34-6000128	
City	Jefferson		<i>*Federal Tax ID and Legal Name must match on all documents</i>		
State	OH	ZIP	44047		
BILLER CONTACT					
Primary Contact Name	Cari Ellsworth				
Phone	440-576-1403				
Email Address	caellsworth@ashtabulacounty.us				
SIGNING AUTHORITY					
Name	J.P. Ducro IV		Title	Commissioner	
Phone	4409694914	Fax	Email Address	jpducro@ashtabulacounty.us	
BILLER PRICING					
Description	Interval	Cost Type	Cost		
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Billing Method	Direct Debit				
Name on Account				Bank Name	

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Accepted by Biller:

X

Corporate Officer

J.P. Ducro IV

Printed Name

Commissioner

Title

Accepted by Invoice Cloud, Inc.:

X

Corporate Officer

Kevin W. O'Brien

Printed Name

CEO

Title