



Department of Civil Service

Schedule of Fees - RFP entitled “New York State Health Insurance Program Banking Services”

Offeror Name:					
Transaction Type	Proposed Fees				
	Year 1	Year 2	Year 3	Year 4	Year 5
Monthly fee to maintain Electronic Lockbox					
Monthly fee to maintain USPS Lockbox					
Per Transaction Fees					
Electronic Deposit					
Non-Electronic Deposit					
ACH Payment					
Credit Card Payment					
Debit Card Payment					

Instructions:

Quote in the space provided the fixed fee that will be payable in accordance with the terms of Section 6 of the RFP. The fee per transaction must be a fixed all-inclusive rate to cover all the Offeror’s costs in fulfilling its duties and responsibilities in the performance of the Project Services as set forth in Section 3 of the RFP.

The Department will not accept modifications to this exhibit.