

**MEMORANDUM  
FINANCE DEPARTMENT**

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**TO:** Mr. Thomas Thomas, City Manager  
**SUBJECT:** Increase to TekCollect Contract

**Number:** 017-15  
**Date:** 08-13-15

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The Finance Department has implemented new collection activities to reduce the City's bad debt. We currently have a \$6,000 credit with TekCollect from a previous agreement. The Finance Department has several hundred accounts ready to be turned over but our contract with them needs to be increased by \$13,750 to accommodate this volume. As in the past, this collection fee will be added to the balance due from the customer.

**Recommendation:** Council approve an increase to the current contract with TEKCollect by \$13,750.

**Submitted by:** Caitlin Maloney, Collections Manager  
Cynthia Parchert, Finance Director

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**Approved:** Thomas Thomas, City Manager

# TekCollect

(City: )

## BINARY COLLECTION PROGRAM SERVICE AGREEMENT

P.O. Box 1269 / Columbus, Ohio 43216 / 866-652-6500 FAX 866-835-6400

MAIL SYSTEM(S) CLIENT ID \_\_\_\_\_  New  Reorder  Rewrite DATE 8-12-15

INTERNET  SYSTEM BUSINESS TYPE DESCRIPTION City

CLIENT NAME City of Rock Island SIC CODE \_\_\_\_\_

ADDRESS 1528 3rd Ave

CITY Rock Island STATE IL ZIP 61201

TELEPHONE: AREA CODE 309 NUMBER 732-2000 FAX 309-732-2108

SYSTEM USER Caithlyn Maloney TITLE Collections E-MAIL Maloney, Caithlyn@ri.gov.org

**PRIMARY PHASE SERVICE**

LB BASIC  BASIC  PLUS  EXEC

LB BASIC  BASIC  PLUS  EXEC

P.D.  INV.  P.O.

Medical Contacts

Foreign Contacts

(Specify in Remarks)

TRANSMITTERS PER SYSTEM 500 SALES TAX \$ N/A

FULL SYSTEM PRICE \$13,000 AMOUNT RECEIVED \$7000.00

**Transfer Authorization      Secondary Contingent Recovery Division (SCRD)      Secondary Phase Service**

TekCollect agrees that any account completing the Binary Program's Primary Phase (approximately 120 days of pursuit) uncollected, will automatically be transferred to the company's Secondary Contingent Recovery Division (SCRD) for intensive workout recovery service (including litigation, when warranted at TekCollect's expense). TekCollect's SCRD will service transferred accounts as a second placement, in accordance with the terms and conditions stated on both sides of this agreement.

**Transfer Authorization\*** YES  NO  (\*) Client maintains a right to decline assignment to SCRD on all accounts, for thirty (30) days from the Notice of Transfer date, which will be sent after the Binary Program's Primary Phase is completed.

YES  NO  Optional Settlement Authority - TekCollect's collectors are authorized to settle SCRD accounts for the percentage indicated of the amounts due if necessary to effect a collection during the Secondary Phase. This authority will only be used when necessary and collectors will always attempt to get payments in full

**SCRD Standard Contingent Collection Fee Schedule** 50% As specified on the reverse side of this agreement

Client Must Initial YES  NO  PLUS or EXEC. - Please provide the optional payment processing in accordance with the terms on the reverse.

Client Must Initial YES  NO  Please indicate whether you will litigate consumer collections, if needed, in accordance with the FDCPA.

Client Must Initial YES  NO  Please provide the status reports to credit bureaus nationally, where allowed by law.

**Payment By Check Please - Payable To TekCollect Inc.**

REMARKS \$6000 TCI Credit Audit

Add FEE \$26.00

Client Association \_\_\_\_\_ Avg. Acct. Age 60-90

**Client Authorization:** TekCollect shall provide complete collection services on every account submitted. If an account is transferred to TekCollect's Secondary Contingent Recovery Division (SCRD), the company shall negotiate, secure and process payments on submitted accounts and forward recovered funds monthly net of contingent collection fees in accordance with the SCRD fee schedule detailed above. There is no time limit on the Primary Phase service so long as the annual \$75 computer maintenance fee has been remitted at the end of each twelve (12) month period following the date of purchase. Any legal action regarding this service agreement shall be exclusively heard in the State or Federal Courts situated in Columbus, Franklin County, Ohio and client consents to the personal jurisdiction of said courts. There is no time limit on the Secondary Phase of service (SCRD). All payments and arrangements must be communicated directly to TekCollect's Headquarters in Columbus, Ohio. Collection forms, service and procedures may be changed from time to time due to applicability, availability, and/or to comply with State and Federal regulations. All orders final only after accepted at Columbus, Ohio.

I have read the reverse side of this agreement and fully understand the terms and conditions of the services performed and the guarantee. This written agreement constitutes the entire agreement between the parties and cannot be changed except in writing signed by the parties.

Signed by Client \_\_\_\_\_

PRIMARY REP Ken Wilson 173  
Name Number

SECONDARY REP Susan Tankersley 974  
Name Number

**FOR INTERNAL USE ONLY**

Ck. Date \_\_\_\_\_ MBG To Customer: Y / N Transmitters Attached: Y / N

Date Received \_\_\_\_\_ Sales Tax Remittance \_\_\_\_\_

Remarks: \_\_\_\_\_

Under 500

# TekCollect *CITYRI*

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CLIENT NAME City of Rock Island SIC CODE \_\_\_\_\_

ADDRESS 1528 3rd Ave

CITY Rock Island STATE IL ZIP 61201

TELEPHONE: AREA CODE 309 NUMBER 732-2000 FAX 309-732-2108

SYSTEM USER Caitlin Maloney TITLE collections clerk E-MAIL maloney.caitlin@cityofrockisland.org

PRIMARY PHASE SERVICE			
LB BASIC T	BASIC T	PLUS T	EXEC T
LB BASIC C	BASIC C	PLUS C	EXEC C

P.D.  INV.  P.O.

Medical Contacts

Foreign Contacts (Specify in Remarks)

TRANSMITTERS PER SYSTEM 500 SALES TAX \$ N/A

FULL SYSTEM PRICE \$ 6750 AMOUNT RECEIVED \$ 6750

Transfer Authorization	Secondary Contingent Recovery Division (SCRD)	Secondary Phase Service
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Payment By Check Please - Payable To TekCollect Inc.

REMARKS Add Fee \$13.50

Client Association \_\_\_\_\_ Avg. Acct. Age 60-90 Audit

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Signed by Client \_\_\_\_\_ PRIMARY REP Ken Wilson 173

Print Name \_\_\_\_\_ SECONDARY REP J. Parkes 924

FOR INTERNAL USE ONLY	Ck. Date _____	MBG To Customer: Y/N _____	Transmitters Attached: Y/N _____
	Date Received _____	Sales Tax Remittance _____	
	Remarks: _____		