



Agency Billing Agreement

Applicant background checks processed by Cogent Systems for the Pennsylvania Department of Education (PDE) may now be billed directly to the applicant’s employer or requesting agency. This billing process is known as AGENCY PAY. This billing process allows applicants that 1) present a valid Agency Billing ID (ABID) during the registration process 2) request AGENCY PAY , to have background charges billed to the ABID HOLDER.

AGENCY PAY

- Is a voluntary payment option. It is not a requirement for any employer or agency to enroll in AGENCY PAY.
• As an ABID HOLDER it is your responsibility to safeguard the use of your ABID. Unauthorized use of your ABID is the ABID HOLDER’s responsibility.
• The ABID HOLDER is responsible for payment of background check service charges incurred for ALL applicants registered and fingerprinted using the ABID.
• AGENCY PAY accounts are billed automatically each month.

By signing this form,

- You authorize Cogent Systems to render fingerprint services for applicant background checks to ALL applicants that are registered using your ABID number.
• You acknowledge that Cogent Systems does not possess the means to validate who may/may not use your ABID number and therefore, cannot be held responsible for non-authorized fingerprint services rendered to applicants in possession of your ABID.
• You are responsible for registering your own applicants online at www.pa.cogentid.com. By registering your own applicants the ABID HOLDER safeguards the use of its own ABID.
• You authorize the monthly accumulation of fingerprint charges incurred by applicants registered and fingerprinted with your ABID to be billed to the below listed authorized individual/ABID holder.
• You understand that payment in full is required within thirty (30) days of invoice receipt. Failure to keep your account current will result in the loss of your ability to use the AGENCY PAY feature or possibly, the electronic applicant background check service.
• You authorize the AGENCY PAY payment designation to remain in effect for your ABID until cancelled, in writing. Once cancelled, the payment option for your Company or Agency will default to APPLICANT PAY

Please acknowledge that you have read and agree to the terms of this agreement by completing the information below and signing. This form may be faxed to 614-718-9694 or returned to Cogent Systems, 5450 Frantz Road, Suite 250 Dublin, OH 43018 Attn: Agency Pay.

Agency Name: _____ Agency ABID _____ Agency Billing ID - This code will be provided to you by Cogent Systems upon approval of this agreement.

Authorized Person’s Name: _____ Title: _____

Agency Address 1: _____ Agency Address 2: _____

City: _____ State: _____ Zip: _____ email: _____

Telephone Number: _____ Fax: _____

Billing Address (check if same as above [])

Attention: _____

Street1: _____ Street2: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Fax: _____

By: _____

Date: _____