

APPLICATION FOR PAYMENT CARD MERCHANTS

To be completed by Departments that would like to accept payment cards (Visa, Master Card, American Express, Discover) as a form of payment for goods and/or services, receipt of donations, non-tuition courses, conferences, seminars, tickets and other approved University of Richmond related products.

Please read PCI Policies and Procedures prior to completing this application to make sure that your Department will be able to comply with all the requirements listed in this University of Richmond Policy.

Application must be submitted to the Ecommerce Committee (G18 Maryland Hall) for approval. The information provided on this application will be used to create an "Information Profile" for the Credit Card Manager (Treasury Services) that will be submitted to Bank of America Merchant Services and American Express to request merchant numbers. For assistance or questions regarding this form, please contact the Credit Card Manager x8151 (Treasury Services).

1. DEPARTMENT NAME: _____

2. MERCHANT (LOCATION) NAME: _____

Note: The merchant (location) name will appear on your customer's monthly statements and on the bank statements sent to Treasury Services.

3. INTERNET ADDRESS: _____

Note: Internet address is ONLY required if accepting credit cards over the internet (online).

4. MERCHANT (LOCATION) ADDRESS: _____

5. PRIMARY CONTACT: _____ TITLE: _____

6. TELEPHONE #: _____ FAX #: _____

7. EMAIL ADDRESS: _____

Note: Primary contact (MDRP) will be responsible for the overall process of accepting payment cards at this location and must be a full time employee.

8. DATE SUBMITTED: _____ DESIRED "LIVE" DATE: _____

9. TRANSACTION TYPE TO BE ACCEPTED (Mark with an X):

VISA ____ MASTER CARD ____ AMERICAN EXPRESS ____ DISCOVER ____

10. PROCESSING TYPE (Check the type of system currently being used or will be used):

POS (Point of Sale) Electronic Terminals ____ Internet (online) ____ Other ____

If other, describe in detail

Current Third Party Vendor, if applicable _____

11. ESTIMATED ANNUAL CREDIT CARD VOLUME:

Annual Dollar Amount \$ _____ Annual Number of transactions _____

Average Dollar Amount of a Transaction: \$ _____

12. CHARGEBACK INFORMATION:

Mail "Chargebacks" to (Provide name, title, and address including building and room #)

Name _____ Title _____

Address _____

Note: Chargebacks are created when a customer disputes a charge. If action is not taken by the merchant within the time frame indicated on the chargeback notification, the university will be charged by the payment card company. A journal entry must be made by the merchant to record such chargeback. If assistance with chargebacks is needed, please call the Associate Bursar for cashier training.

13. ACCEPTANCE - POS (Point of Sale) Terminals:

If using owned equipment (include vendor or type) _____

Will you need equipment? If yes, indicate below:

14. ACCEPTANCE – INTERNET (ONLINE):

Internet Software Vendor _____

Integration and interface requirements, including any special configuration, implementation or conversion needs (if applicable)

Name of technical contact (required)

Email address _____ Telephone # _____

Note: A Technical contact is required. Merchants accepting payment cards over the internet must post an "Internet Privacy Policy" and a "Refund Policy" on their web site

15. USE:

What is the main purpose of this merchant account? (i.e., registration fees, tuition for non-credit courses, tickets for events, etc.)

Note: Payment card information must NEVER be shared via email, voice message, or instant message. If information is received by fax, it must be processed and shredded immediately.

16. PROCEDURES:

I agree to read and adhere to the procedures provided in the PCI Policies and Procedures.

17. REQUIREMENTS FOR ESTABLISHING A MERCHANT ACCOUNT:

- a. Departments are responsible for completing this application for payment card merchants. If you wish to use a service provider not already contracted with the university you must verify that they are listed on VISA's list of PCI compliant service providers <http://www.visa.com/splisting/searchGrsp.do>
- b. Provide detailed diagram of cardholder data flows – from beginning to end – showing where and how CHD is transmitted, processed and stored; every stage of the process.
- c. Provide a contract (to be reviewed/approved by University Counsel) that includes language which holds the vendor/product accountable for meeting PCI-DSS requirements. The contract should include the following statement "service provider acknowledges they are responsible for the security of all cardholder data they possess, service provider agrees to comply with Payment Card Industry (PCI) Data Security Standard and maintain Level 1 compliance throughout the duration of this agreement and service provider agrees to provide the university a copy of their

PCI certification annually”.

- d. If system will be hosted on campus, include in purchase budget additional license fees for logging, file integrity checking, etc.
- e. Regardless of whether the payment system is hosted off campus or on campus, it must be vetted by Information Services for security and impact prior to system purchase.

After application approval, departments are responsible for ensuring that employees who will be involved in payment card handling, or have access to such sensitive data, have:

- a. Reviewed the University of Richmond PCI Policies and Procedures and become familiar with the [Payment Card Industry Data Security Standards](#) (PCI DSS).
- b. Cleared a background check before access to cardholder information is granted.
- c. Completed Red Flag Training. Please contact the Bursar’s office for information.
- d. Contacted Bursar’s Office to obtain the necessary merchant detail codes for payment card recording in Banner.
- e. Contacted the Bursar’s Office for training on how to create cashier sessions in Banner.
- f. Complete annual merchant questionnaire for Credit Card Manager (Treasury Services).

18. CERTIFICATION:

I certify, to the best of my knowledge, that the information on this application and all related documents are true and accurate. I certify that I have read and understood the policy for credit card acceptance and security, and that I have reviewed the related information contained therein. In addition, I understand that this certification provides authority to charge monthly merchant fees to department index _____. All other expenses will be handled by the merchant department.

I certify that all employees who process and handle payment cardholder information will have a background check performed and will undergo required training.

Signature of Department Head or Director _____

Printed Name _____

Title _____

Date _____

Telephone # _____

Signature of employee that completed this form _____

Printed name _____

Title _____

Date _____

Telephone # _____

Once form has been completed and signed, please submit printed application with all related documents to the university Ecommerce Committee (G-18 Maryland Hall). For assistance or questions, please contact Credit Card Manager x8151. Thank you.

Received by the Ecommerce Committee on _____

Merchant (Location) Name _____

Reviewed by _____ Date _____

() Approved () Denied Reason for denial _____

Information Profile sent to bank by _____ Date _____

Merchant #'s assigned _____ / _____ / _____

