

**UNIVERSITY OF FLORIDA
TREASURY MANAGEMENT – PAYMENT CARD OPERATIONS
REQUEST FOR CREDIT CARD MERCHANT ID – RENTAL PROGRAM**

Requesting Department Name:	
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Contact Information:

Contact Name:	
Street Address:	
P.O. Box:	
City:	
Phone Number:	
Email:	

Rental Period:

Event Name:		Event Date(s):	
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Rental Period Begins:		Rental Period Ends:	
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Rental Terminal will be connected as follows (please mark your connection of choice):

	Analog phone line				
Ethernet	In combination with ATA or VG*:	Yes		No	
	Cellular				

*ATA = Analog Telephone Adapter VG = Voice Gateway

Transactions will be processed as follows (please mark your methods of choice)

	Face to Face
	Mail
	Telephone
	Fax machine

Please list the types of products or services you will be selling by means of payment card processing:

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Please describe your potential customers:

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Transaction Estimates for Rental Period:			
Number of Transactions:		Revenue \$	

Will cardholder information be stored?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, how and for how long will card data be stored?	
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What type of employee will have access to cardholder data?

<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	OPS	<input type="checkbox"/>	Student	<input type="checkbox"/>	N/A
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All funds must be deposited into a University of Florida account. The following chart field string or cost center for deposits will be:

Dept ID	Fund	Program	Account	Source	Flex	Project

Certifications (please initial):

I/We understand that I am responsible for the security and safeguarding of cardholder information as required by the Payment Card Industry Data Security Standard (PCI-DSS) and all applicable UF policies.	
I/We understand that any implementation to process payment card transactions may only go live once all pertinent approvals have been obtained by Payment Card Operations from the Controller's Office.	
I/We understand that as a credit card merchant, there are fees associated with credit and debit card transactions. All incurred fees will be charged to my department's account.	

I/We understand that there are fees associated with PCI-DSS compliance that may include cost for penetration testing, vulnerability scanning, the completion of Self-Assessment Questionnaires (SAQs). Such cost will be passed on to the UF merchants.	
I/We certify that all staff processing and/or handling payment card information undergo background checks.	
I/We certify that all staff processing and/or handling payment card information have successfully completed all pertinent training (TRM100 or TRM150), and signed the Ethics Certification.	

I/We confirm that I have read and familiarized myself with (please initial):

University of Florida Payment Card Policy: http://www.it.ufl.edu/wp-content/uploads/2012/03/PCCPolicy_rev_12_06_13_II1.pdf	
University of Florida Credit Card Standards: http://www.fa.ufl.edu/wp-content/uploads/treasury/CC_Standards_03_03_16.pdf	
UF Privacy Office: http://privacy.ufl.edu/	
PCI Security Standards Council: https://www.pcisecuritystandards.org/	

Signature Section:

Signature of Department Head or Director

Date

Printed name of Department Head or Director

Please complete this form and submit to:

Treasury Management, Payment Card Operations
PO Box 112008, S113 Criser Hall

For questions please contact:

Email: TreasuryCreditCards@ad.ufl.edu
Phone: (352) 392-9057

For Official Use Only:

University Controller's Office
FA-TM-CCRENT 05/2016

Date

- Approved
 Not Approved