

**UNIVERSITY OF FLORIDA
TREASURY MANAGEMENT – PAYMENT CARD OPERATIONS
E-COMMERCE APPLICATION FOR CREDIT CARD TRANSACTIONS**

Requesting Department Name:	
------------------------------------	--

Contact Information:

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

Planned Business Processes:

The applicable web page from where customers are routed to process credit card transactions will be:

Website URL: http//	
----------------------------	--

I/We understand that according to the University of Florida Credit Card Standards (see link below), all UF divisions, departments, and centers that wish to accept payments using E-Commerce are required to process all such transactions through one of the following UF approved web payment solutions.

Initial _____

Desired Type of Implementation (please mark your solution of choice):

	IPay (preferred University payment gateway)
	Higher One eMarket Module
	Elavon Converge
	Other (please insert product name/vendor)

If 'Other':

Who is Merchant of Record? (Attach blank Merchant Agreement)			
Does Merchant Agreement include language to satisfy PCI DSS 12.8.2. (see explanation below**)		Yes	No
Is Service Provider/Third Party Vendor PCI compliant? (Please attach current Attestation of Compliance)		Yes	No
Is Implementation PA-DSS approved?		Yes	No

**** PCI DSS 12.8.2.**

Confirm your understanding that any third party vendor must provide proof of PCI-DSS compliance and that any contract or agreement signed with a third party vendor needs to include the following, as described in the PCI DSS 12.8.2:

“Maintain a written agreement that includes an acknowledgement that the service providers are responsible for the security of cardholder data the service providers possess or otherwise store, process or transmit on behalf of the customer, or to the extent that they could impact the security of the customer’s cardholder data environment.”

Initial _____

Provide reasons – if applicable - why any of the University’s approved web payment solutions would not be suitable in your particular situation:

Please list the services or types of products you will be selling by means of E-Commerce:

Please describe your potential customers:

Transaction Estimates:		Per Month		Per Year
Number of Transactions:			Revenue \$	

Do you plan to include sales advertisements on your departmental web page?		Yes		No
--	--	-----	--	----

- Advertising must be consistent with UF Web advertising requirements.
- Requirements can be found at <http://www.it.ufl.edu/policies/web-related/corporate-support/>

What level of encryption will be applied to the webpages hosting your payment application?	
--	--

What type of employee will have access to cardholder data?

	Permanent		Temporary		OPS		Student		N/A
--	-----------	--	-----------	--	-----	--	---------	--	-----

How do you plan to secure the storage, processing, transmission, backup and destruction of collected sensitive information?

--

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 E-Commerce implementation may only go live once all pertinent approvals have been obtained by Payment Card Operations from the E-Commerce Committee and ultimately the Controller’s Office.	
I/We understand that as an E-Commerce 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, 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 confirm that all staff involved in the E-Commerce process described herein are completing the annual training requirements as outlined in the UF Standards.	
I/We understand that any third party vendor must provide proof of PCI-DSS compliance.	

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	
Acceptable Use of Information Technology Resources: http://www.it.ufl.edu/policies/acceptable-use/acceptable-use-policy/	
UF Privacy Office: http://privacy.ufl.edu/	
PCI Security Standards Council: https://www.pcisecuritystandards.org/	

Signature Page:

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

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

For Official Use Only:

Finance & Accounting E-Commerce Committee

Date

- Approved
- Not Approved