

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

<b>Requesting Department Name:</b>	
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**Contact Information:**

<b>Contact Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

**Loaner Period:**

<b>Event Name:</b>		<b>Event Date(s):</b>	
<b>Loaner Period Begins:</b>		<b>Loaner Period Ends:</b>	

**Loaner Terminal will be connected as follows (please mark your connection of choice):**

	Ethernet
	Bluetooth
	USB

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

	Face to Face
	Mail Order
	Telephone

**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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Estimated Number of Transactions:		Revenue \$	
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Will cardholder information be written down or stored?		Yes		No
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If Yes, how and for how long will card data be stored and how/when will it be destroyed?	
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**What type of employee will process payment card transactions?**

	Permanent		Temporary		OPS		Student		N/A
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**All funds must be deposited into a University of Florida account. The following chart field string for revenue as well as processing and other fees applies:**

Dept ID	Fund	Program	Account	Source	Flex	Project

**Certifications (please initial): I 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.	
Any implementation may only go live once all pertinent approvals have been obtained by the Controller's Office.	
As a credit card merchant, there are fees associated with the acceptance of credit and debit card processed transactions. All incurred fees, including fees regarding PCI compliance efforts, will be charged to my department's account.	
All people involved in credit card processing described herein are completing the annual training requirements at hire and annually thereafter.	
In the event that a terminal is stolen or there is a suspicion of data loss due to a security breach, I am responsible for contacting Payment Card Operations immediately so that any necessary incident response plan can be activated.	
The loaning party is responsible for any Chargebacks resulting from transactions that were processed during the time the terminal was used.	
All equipment must be stored in a locked and secure area when not in use.	
Transaction refund requests need to be submitted to Treasury Management for processing.	

The loaning party is liable for all repairs/replacement cost pertaining to any damage sustained by the device(s) during the agreed rental period, or loss/theft of said device(s).	
The loaning party is responsible for daily settlements and revenue recording in PeopleSoft.	

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

University of Florida Credit Card Operations: <a href="http://www.fa.ufl.edu/directive-categories/credit-card-operations/">http://www.fa.ufl.edu/directive-categories/credit-card-operations/</a>	
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**Signature Section:**

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Signature of Department Head or Director

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Date

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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: [Treasury-CreditCards@ad.ufl.edu](mailto:Treasury-CreditCards@ad.ufl.edu)

Phone: (352) 392-9057

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For Official Use Only:

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University Controller's Office

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Date

- Approved  
 Not Approved