UNIVERSITY OF FLORIDA BANKING AND MERCHANT SERVICES – PAYMENT CARD OPERATIONS E-COMMERCE APPLICATION FOR CREDIT CARD TRANSACTIONS

Requesting Department N	ame:	
Contact Information:		
Contact Name:		
Street Address:		
City:		
Phone Number:		
Email:		
Planned Business Proce		
The applicable (departmenta credit card processing site w		ge from where customers are redirected to third party vendor's
Website URL: http://		
		ase mark your solution of choice):
IPay (preferred Unive		ment gateway)
CASHNet eMarket M	lodule	
Eventbrite		
Other:		
Provide reasons – if applicabl be suitable in your situation	•	ny of the University's approved web payment solutions would not
Please list the services or ty	pes of pro	oducts you will be selling by means of E-Commerce:

Please describe yo	ur potential	customers:								
Transaction Estim	nates per Mo	onth:								
Number of Transactions:			Revenue \$:							
AACH .					2	Yes				
Will anyone in you	Will anyone in your department have			access to cardholder data?				No		
If applicable, how collected cardhol		to secure the sto	rage, p	rocessin	g, trar	nsmission	, backup a	nd des	truction	
	•	into a University o g and other fees a			nt. The	e followir	ng chart fie	ld strir	ng for	
Dept ID Fund		Program A		count Sc		urce	Flex		Project	
Certifications (pl	ease initia	l): I understand	that	····						
Lam rosponsible	for the secu	rity and safeguard	ling of	cardbala	lar inf	ormation	. 26			
required by the P	ayment Car	d Industry Data Se	_							
applicable UF pol		ation may only go	live or	nce all ne	rtiner	nt annrov	vals have			
been obtained by	•	, , ,	iive oi	ice an pe	.1 (111)(1	псаррго	als Have			
		t, there are fees as				•				
		nsactions. All incu			_	ees regar	ding PCI			
		narged to my depa nmerce process d				omnletin	g the			
		s at hire and annu				ompieti.	8			
Any third-party v	endor must	provide proof of F	PCI-DSS	S complia	ance.					
We are not perm	itted to sell	advertisements o	n our c	lepartme	ental v	vebpage.		+		
		at https://marcor								
		well as the Privac	y Offic	e need to	be n	otified in	nmediately	'		
upon a suspected				ت جاماله		ا اد د مینیم	audaa aad	+		
		t permitted to be be directed to any			-					
1		colca to any	55.5				- 2009.	1		

I confirm that I have read and familiarized myself with (please initial): University of Florida Credit Card Standards: http://www.fa.ufl.edu/directive-categories/credit-card-operations/ Signatures: Signature of Department Head or Director Date Printed name of Department Head or Director Please complete this form and submit to: Banking and Merchant Services, Payment Card Operations PO Box 112008, S113 Criser Hall Email: Treasury-CreditCards@ad.ufl.edu Phone: (352) 392-9057 For Internal Use Only: Who is Merchant of Record? (Attach Merchant Agreement) Does Merchant Agreement include language to satisfy PCI DSS Yes No 3.2.1 - 12.8.2. Is Service Provider/Third Party Vendor PCI compliant? (Attach Yes No current Attestation of Compliance)

Yes

Yes

Date

□ Approved

□ Not Approved

No

No

Is implementation PCI SSO Product & Solution listed?

Finance & Accounting E-Commerce Committee

Is a completed risk assessment on File with UFIT Security?