

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

Requesting Department Name:	
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Contact Information:

Contact Name:	
Street Address:	
City:	
Phone Number:	
Email:	

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

	Ethernet
	Cellular
	Bluetooth
	USB
	Not Applicable

Location of credit card device (Building Number, consult i.e. campus map)

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

	Face to Face
	Mail Order
	Telephone
	Hosted Payment Form (eCommerce)

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 per Month:			
Number of Transactions:		Revenue \$	

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 staff involved in credit card processing described herein are completing the annual training requirements at hire and annually thereafter.	
Payment Card Operations as well as the Privacy Office need to be notified immediately upon a suspected data breach.	

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/	
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Signature Section:

Signature of Department Head or Director

Date

Printed name of Department Head or Director

Please complete this form and submit to:

Banking & Merchant Services
PO Box 112008, S113 Criser Hall

For questions please contact:

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

For Official Use Only:

University Controller's Office

Date

Approved
Not Approved