

PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE PROCEDURES

Use the APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE form for any change in the payment account including, but not limited to:

- the use of existing payment card accounts for new purposes;
- the alteration of business processes that involve payment card processing activities;
- the addition or alteration of payment systems;
- the addition or alteration of relationships with third-party payment card service providers, and
- the addition or alteration of payment card processing technologies or channel

To acquire or change a payment card account, the “Merchant Department Responsible Person” (MDRP) or his/her designee must submit an Application for Payment Card Account Acquisition or Change (see below). The application must be signed by the MDRP/Administrative Manager (AM) and appropriate associate vice president or dean. Applications that request eCommerce activities must also be signed by the chief information officer. All eCommerce activities shall be processed by a third-party vendor authorized by the University.

All requests shall be reviewed by the cashier manager. The cashier manager shall respond to all applications. When an application to acquire a payment card account is approved, the cashier manager will assist the MDRP in establishing the new merchant account activity. All card processing terminals shall be obtained through the University Cashiers Office.

The MDRP may appeal to the associate vice president for business services regarding the denial of an application to acquire or change a payment card account.

Work Flow

1. Fill out the APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE form, have it signed by appropriate management and submit it to the University Cashier’s Office.
2. The cashier manager will review the request.
3. The cashier manager will respond to the applicant with approval/denial; if denied, applicant may appeal.
4. The cashier manager will help establish new merchant account activity and help the department obtain or arrange to obtain all needed materials.

Humboldt State University
APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE

Date: _____
Department Name: _____
AM/Responsible person: _____ Phone: _____
Physical location(s) Credit Cards will be processed:

Describe the goods, services, and/or donation which you will receive payments for. Please be specific:

Is this an existing or new source of revenue: _____
Explain why your department wants to accept credit card payments:

Indicate the Chartfields you intend to use for deposit of payments:

Business Unit: _____ Fund: _____ Account: _____ DeptID: _____

Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity?

How will you accept credit cards:
In-Person _____ Internet/eCommerce _____ Telephone _____ Point of Sale (POS) Software _____

What payment methods do you wish to accept: American Express ___ Visa/MC ___ Discover ___

Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:

In Person \$	_____	Transactions #	_____
Mail/Phone/Fax \$	_____	Transactions #	_____
Internet/eCommerce\$	_____	Transactions #	_____

Please indicate if credit card numbers will be stored electronically. Yes _____ No _____

Please identify any additional staff who will be involved in processing credit card payments. Include name, job title, and phone extension and describe duties:

Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities:

Signatures: _____
AM/Responsible Person Date Dean/Appropriate Administrator Date

By signing this form, the AM/Responsible Person acknowledges that he/she understands his/her role as outlined in the Humboldt State University Policy for Accepting Payment (Credit) Card and eCommerce Payments and accepts responsibility for that role.

Please submit completed form to the HSU Cashier's Office. Questions can be directed to the Cashier Manager via email at sandy.wieckowski@humboldt.edu or phone at 707.826.4937.

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For Information Technology and Financial Services Use Only

Request Review

Payment Card Equipment Needed? Yes _____ No _____

If yes, describe:

CashNet Set Up Needed? Yes _____ No _____

If yes, describe:

Have procedures been established for non-electronic acceptance of payment card information (In-person, telephone, Point of Sale, etc.) Yes _____ No _____

Do the business processes and technologies comply with the HSU PCI Standard ?

Yes _____ No _____

Have procedures been established for non-electronic acceptance of payment card information (In-person, telephone, Point of Sale, etc.) Yes _____ No _____

Request Approved _____ Request Denied _____

Comments:

Signatures:

Cashier Manager

Date

Information Security officer

Date