



Payment Card Processor Registration Form

Date: _____

Department/Affiliated Organization: _____

Name and position of person responsible for compliance with Payment Card Acceptance and Security Policy C-61

Describe event or reason that requires your department/organization to offer credit or debit (payment) cards as a method of payment:

List all staff members who are authorized to process payment card transactions. (Attach a separate sheet if necessary.)

Name:	Position:	University ID:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check all methods that payment card information will be accepted:

- Internet
- In Person
- Mail
- Telephone
- Other: _____

NOTE: Fax and email are not acceptable methods. If either of these methods is used, please contact ITS to secure these environments.

The department processes payment cards via:

- Stand alone terminals
- Through Business Office
- Internet using the university approved payment service, Touchnet
- Internet using the alternate PCI compliant payment service _____
- Other: _____



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Is payment card information retained after processing? If so, please describe what information is retained and how this information is protected.

How will payment card information be destroyed?

List any personal computer or other system used to process, store or transmit payment card information. (Attach a separate sheet if necessary.)

If your department uses a 3rd party processor other than the university approved processor, please include a copy of contract with this registration form and a copy of the vendor's Certificate of PCI Compliance validated by an approved scanning vendor.

Signature of Department Head or Director

Date

Printed Name of Department Head or Director

Forward original signed document to: Kathy Williamson, Director of Financial Services, SFA Box 6108