



Statement of Intent to Comply with Payment Card Acceptance & Security Policy 14.8

I understand that payment card information, including payment card account number, payment card name, expiration date and payment cardholder verification number is sensitive and valuable information that must be protected. I also understand that if this information were compromised, the university could be subject to fines and suspension of payment card privileges.

As an individual whose job duties include acceptance and processing of payment card information I agree with the following statements:

- ✓ I have read and understand the university policy for payment card acceptance and security (Policy).
- ✓ I understand that I am responsible for protecting the payment card information. I am also responsible for protecting my computer identification and passwords that I may use to process or store payment card information.
- ✓ I understand that if I suspect theft of payment card information, I must report immediately to my supervisor, who will notify the university Controller or Vice President of Finance and Administration. I also understand that any suspected breach in the network should be immediately reported to the Chief Information Officer.
- ✓ I understand that printed receipts or payment card information must be stored in a secure environment.
- ✓ I understand that I must destroy payment card information in a secure manner as soon as it is no longer needed. Paper documents must be cross shredded and electronic media must be electronically wiped clean using a method approved by ITS.
- ✓ I understand that unencrypted wireless, unencrypted email, fax and campus mail are not recognized as secure methods for accepting payment card information. Acceptable methods for accepting payment card information include in-person, telephone, US mail and secure internet transmission through the use of an approved electronic payment service.
- ✓ If I manage an area that accepts payment card information, I understand that I must have documented procedures in place for complying with the policy.
- ✓ I understand that I may be subject to disciplinary measures, up to and including termination of employment, if I do not comply with the Policy.

Department or Affiliated Organization: _____

Signature: _____

Print Name: _____

Date: _____