

REQUEST FOR A NEW MERCHANT ACCOUNT

Date: _____

Requestor Name and Title: _____

Department Name: _____

Mailing Address: _____ **Telephone Number.:** _____

Location (Building, Room #): _____

Banner Index: _____ **Merchant ID Account Name Requested: VCU** _____

I understand there are fees associated with the acceptance of credit card transactions and that these fees associated with my merchant ID will be charged to my Banner index. I understand that I am responsible for the security and safeguarding of credit card information as directed by the PCI DSS (Payment Card Industry Data Security Standard). I also agree to deposit credit card transactions in accordance with the University Cash Receipting Policies and Procedures, Section 5.14, Receiving and Depositing Charge Cards found at <http://www.vcu.edu/treasury/CashieringOperationsGuidelines.htm>.

Furthermore, I confirm having read and familiarized myself with:

VCU Payment Card Policy: Initial: _____

<http://www.assurance.vcu.edu/Policy%20Library/Payment%20Card%20Policy.pdf>

VCU Credit Card Merchant Account Guidelines: Initial: _____

<http://www.vcu.edu/treasury/CreditCardMerchantAccount.htm>

PCI Security Standards Council: <https://www.pcisecuritystandards.org> Initial: _____

Description of services or types of products our department will be offering:

Estimate of our department's number and value of credit card transactions:

_____ transactions per month day \$_____ average dollar value per transaction

The majority of our transactions will be processed via:

Point of sale terminal Integrated cash register Website (URL: _____)

Dean/Department Head Signature

Date

Dean/Department Head Printed Name

Send to: Treasury Services, Box 843031

Approved By: _____ Date: _____