

**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 Receiving 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: \_\_\_\_\_

VCU Credit Card Merchant Account Guidelines: Initial: \_\_\_\_\_

PCI Security Standards Council: 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*

*For Use by Treasury Services Only*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_