

**PAYMENT CARD INDUSTRY DATA SECURITY STANDARDS (PCIDSS)  
EMPLOYEE CHANGE FORM FOR MERCHANT LOCATIONS**

This form is used to notify the Controller's Office of employees that have left their position and/ or are no longer involved in payment card processing.

Submit the completed form to the Controller's Office, CSC 311. For assistance or questions regarding this form, please contact [Accounting & Reporting Services](#) (305) 348-2052.

Employee's Legal Name:  Panther ID:

Employee's Position Title:

Employee's Email Address:

Telephone #:

Effective Date of Change:

**SELECT REASON:**

- 1.) Current Employee/No Longer Assigned
- 2.) No Longer with Department or University
- 3.) Other: \_\_\_\_\_

Please remove any or all access:

- Visa/MC, Discover and/or American Express Bank access for reconciling the credit card account
- Credit card Journal create access

Merchant Location Name:

Merchant Account number:

Supervisor Name:  Panther ID:

Supervisor Position Title:

Supervisor Signature: \_\_\_\_\_ Date: