

**PAYMENT CARD INDUSTRY DATA SECURITY STANDARDS (PCIDSS)  
EMPLOYEE STATEMENT OF UNDERSTANDING**

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.

I attest that I am an employee at Florida International University involved in payment card processing or have access to sensitive data produced as part of payment card processing.

**Certification Statement**

Please check off each item as your acknowledgement:

- I have read and I understand the University's [Payment Card Processing Policy](#).
- I have read and I understand the importance of the Payment Card Industry Data Security Standards at [PCI Security Standards Council](#)
- I have Undergone a background check before being granted access to cardholder information
- I have Completed Red Flag training by contacting [Division of Information Technology - IT Security Office](#)
- I have requested access and training to create payment card journals by contacting [Accounting & Reporting Services](#) at (305) 348-2052 *(If employee only processing payments and not entering journals in the system please do not check this box)*

I understand that payment card processing information is to be kept in the strictest confidence to protect cardholder information and that failure to comply with the University's Payment Card Processing Policy may result in disciplinary action, including termination.

I understand the risks and the responsibilities associated with accepting and processing payment cards on behalf of the University.

Employee' Signature of acknowledgement: \_\_\_\_\_ Date:

Employee's Legal Name:  Panther ID:

Employee's Position Title:

Merchant Name:  Merchant #:

Supervisor Name:  Panther ID:

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