

To be completed by departments that anticipate the acceptance of payment cards (Visa, Master Card, American Express, Discover cards and Debit cards) as payment for goods and/or services, such as: non-credit courses, conferences, seminars, tickets and other approved University related goods and/or services.

Please read the [Payment Card Processing Policy](#) prior to completing the application to verify that your department will be able to comply with all the requirements noted in the policy.

The completed original application must be submitted to the Office of the Controller, CSC 322. The information herein will be used to create an "Information Profile" that will be submitted to the appropriate parties in order to open the merchant account.

For questions and/or assistance in the completion of the form, please contact [Merchant Services](#) at (305) 348-3888.

Business Unit: Activity Number:

Merchant (Location) Name: **FIU** *Note: The activity number is used to record the discount fees related to your merchant activity for the month.*

Note: The merchant name and customer service number below will be included on the customer's receipt.

Merchant (Location) Address: City: State: Zip:
Note: The merchant address must include the building and room number. The statements and charge-backs (disputes) will be mailed to the address listed above. Customer Service #:

Primary Contact: E-mail: Desired "Go Live" date:

Position Title: Telephone: Fax:

Signature: _____ Panther ID: Date:

Note: The primary contact is responsible for the overall process of accepting payment cards for the merchant location. The contact assumes the responsibility of completing the annual self-assessment questionnaire (SAQ) and submitting information to Merchant Services upon request.

Purpose for merchant account establishment:

Payment card type to be accepted: American Express Discover Master Card Visa Debit

Select the desired method of payment card processing:

Point of Sale (POS) Terminal Internet (E-Commerce)

Describe the safeguarding measures that will be enforced to secure sensitive cardholder information:

Estimated annual credit card volume:

Annual number of transactions: Average amount per transaction \$ Annual revenue \$

Complete the section that is applicable based on the payment card processing method selected:

I. Acceptance - POS Terminals

Department is using owned equipment Include Vendor and Terminal Model _____
 Department will require new equipment. Physical Address of Terminal _____

FD 410 Wireless Terminal - Fee is \$435.00 + \$15 monthly cellular fee Quantity _____

FD 130 Terminal - Fee is \$298.00 Quantity _____

The FD 130 terminal will be connected: via Analog Line via Ethernet-LAN via WIFI

Note: It is the primary contact's responsibility to notify Merchant Services if the device is moved from the physical address noted above. Refer to [DoIT website](#) for information regarding additional connection fees.

II. Acceptance - Internet (E-Commerce):

Select desired gateway vendor:

- Cybersource (recommended)
- Vendini (Approved Third Party Vendor)
- Other (Third Party) _____

Note: If other is selected, the vendor will be required to provide a letter certifying compliance with the PCI DSS regulations. Vendor should be on Visa's "List of PCI DSS Compliant Service Providers" and/or Visa's "List of Validated Payment Applications". A schematic (diagram of payment flow) is required and must be provided along with this application.

Software name, if applicable:

Internet Address (URL):

Name of Technical Contact: E-Mail: Telephone:

Note: A technical contact is required. Merchants accepting payment cards over the internet must post an "Internet Privacy Policy" and a "Refund Policy" on their web site with a "contact us" phone number. The policies must be approved by the Office of Integrity and Compliance. If [CyberSource Business Edition](#) is not selected, departments are responsible for submitting the contract/agreement to the Office of Compliance and Integrity and the Division of IT for prior approval.

List the individuals assigned to record merchant journal entries:

Main Journal Contact: <input type="text"/>	
Position Title: <input type="text"/>	
Panther ID: <input type="text"/>	Contact #: <input type="text"/>
E-Mail <input type="text"/>	

Back-up Journal Contact: <input type="text"/>	
Position Title: <input type="text"/>	
Panther ID: <input type="text"/>	Contact #: <input type="text"/>
E-Mail <input type="text"/>	

Note: Charge-backs are created when a customer disputes a charge. If action is not taken by the merchant within the time frame indicated on the letter, FIU will be charged by the payment card company. The department is required to record an entry for each chargeback.

Certification:

I certify, to the best of my knowledge, that the information on this application and all related documents are true and accurate. I certify that I have read and understood the University Policy 1110.025, Payment Card Processing, and that I have reviewed the related information contained therein. In addition, I understand that this certification provides authority to purchase equipment as selected in section I Acceptance- POS Terminals. I certify that all employees who process and handle cardholder information will complete a Level II background check and will attend the required training(s). I certify that changes in payment card processing personnel will be submitted to the Office of the Controller via the Employee Change form.

Name of person completing this form: <input type="text"/>	E-mail: <input type="text"/>
Position Title: <input type="text"/>	Telephone: <input type="text"/>
Signature: _____	Panther ID: <input type="text"/> Date: <input type="text"/>

Unit Approver's Name <input type="text"/>	E-mail: <input type="text"/>
Position Title: <input type="text"/>	Telephone: <input type="text"/>
Unit Approver's Signature: _____	Panther ID: <input type="text"/> Date: <input type="text"/>