

The completed original Employee Statement of Understanding form must be submitted to the Office of the Controller, CSC 322. For questions and/or assistance in the completion of the form, please contact [Merchant Services](#) at (305) 348-3888.

Certification Statement

The form herein is an attestation that I am a Florida International University employee involved in payment card processing. As per section R* of the [Payment Card Processing Policy](#), payment card processing consists of the processing, transmitting and/or storing of cardholder data; such as, acceptance of credit and debit cards.

Please check each requirement noted below as a form of acknowledgment:

- I have read and understand the University's [Payment Card Processing Policy](#).
- I have read and understand the importance of the Payment Card Industry Data Security Standards listed on the [PCI Security Standards Council](#) site.
- I have undergone a level II background check prior to having access to sensitive cardholder information and received clearance from Human Resources. Date:
- I have received a certificate of completion for the PCI training. Date:
- I have requested access and training to create payment card journals by contacting [Merchant Services](#) at (305) 348-3888, if applicable.
- I understand failure to comply with the University's Cash Control Policy will result in the closure of the department's merchant account. All credit card sales must be recorded in the general ledger within 24 to 48 hours after a sale or refund.

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's Name: Position Title: Panther ID:

Employee's Signature of Acknowledgement: _____ Date:

Supervisor's Name: Supervisor's Title:

Supervisor Signature: _____ Panther ID: Date:

Merchant Name: Merchant Account Number: