

To be completed by departments that anticipate the acceptance of payment cards (American Express, Visa, MasterCard, and Discover 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. Also to be completed by existing merchants that need to purchase a card processing validated point to point encrypted (P2PE) solution and/or have a significant change to their existing merchant process.

Please read the [Payment Card Processing Policy](#) prior to completing the application to ensure the department can comply with all requirements noted in the policy. The information herein will be submitted to the appropriate parties to request a new merchant account and/or to purchase the requested device(s). Submit the completed application via e-mail to [Merchant Services](#). For questions and/or assistance in the completion of this form, please contact Merchant Services at (305) 348-3888.

Business Unit (BU):	<input type="text"/>	Activity Number:	<input type="text"/>
Merchant Location Name: <b>FIU</b>	<input type="text"/>	Customer Service #:	<input type="text"/>
Merchant Location Address:	<input type="text"/>	City:	<input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

**Note:** The activity number above will be used to record the discount fees related to your merchant activity and for any device purchase(s). The merchant name, address, and customer service number will be noted on the customer's receipt. The merchant address must include the building and room number. The merchant location name has a 20 character maximum limitation which includes spaces.

Primary Contact:	<input type="text"/>	E-mail:	<input type="text"/>	Telephone:	<input type="text"/>
Position Title:	<input type="text"/>			Desired "Go Live" date:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>	Panther ID:	<input type="text"/>

**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 additional documentation to Merchant Services upon request.

Purpose for merchant account: *(provide description of the goods and/or services you are selling):*

**Estimated annual credit card volume:**

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

**Designated employees to record journal entries in the general ledger:**

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

**Select desired method of payment channel(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> Card-present (Face to Face)            | <input type="checkbox"/> Mail-Order Telephone-Order (MOTO) |
| <input type="checkbox"/> Online (Customer self-driven payments) | <input type="checkbox"/> Fax (Analog Only)                 |

**Select desired method of payment card processing:**

**Note:** For costs associated with opening a merchant account, refer to the Merchant Services Price Comparison table listed on the [Controller's website](#).

- Validated Point to Point Encrypted (P2PE) Device       Internet (E-Commerce)

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

Will cardholder information be collected on a paper-based form?  Yes  No

Will you be storing cardholder data (CHD)?  Yes  No

**Note:** If "Yes" is selected, provide the expected physical or electronic location, reason for storage, and retention period: (i.e. cabinet in room, FIU server, etc.)

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

**I. Validated P2PE Device (In-person & MOTO)**

- [ID Tech SREDKey](#)- \$250 (via workstation)    Quantity \_\_\_\_\_    Physical Location (Bldg & Rm) \_\_\_\_\_
- [PAX S500](#)- \$350 (connected via ethernet)    Quantity \_\_\_\_\_    Physical Location (Bldg & Rm) \_\_\_\_\_
- [Nomad 2.0](#)- \$150 (connected via bluetooth)    Quantity \_\_\_\_\_    Physical Location (Bldg & Rm) \_\_\_\_\_
- PAX D210- \$500 (connected via WIFI)    Quantity \_\_\_\_\_    Physical Location (Bldg & Rm) \_\_\_\_\_

**Note:** The above devices will be connected to the PayConex gateway unless otherwise noted below. It is the primary contact's responsibility to notify Merchant Services if the device is moved from the physical address noted above.

[PayConex](#), (recommended)     Cybersource     Other \_\_\_\_\_

**II. Internet (E-Commerce):**

Select desired gateway vendor:    Internet Address (URL): \_\_\_\_\_

[PayConex](#), (recommended)     Eventbrite     Cybersource     Other (Third Party) \_\_\_\_\_

Application name, if applicable: \_\_\_\_\_    Software name, if applicable: \_\_\_\_\_

Name of Technical Contact: \_\_\_\_\_    E-Mail: \_\_\_\_\_    Telephone: \_\_\_\_\_

**Note:** All third party contracts must be approved through Total Contract Manager (TCM). Vendors will be required to provide a schematic (diagram of payment flow) and an Attestation of Compliance (AOC) or must be on Visa's "[List of PCI DSS Compliant Service Providers](#)" and/or "[List of PCI DSS Validated Payment Applications](#)". Refer to the E-Commerce requirements on the [Controller's website](#) for additional information.

**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 the P2PE device(s) as selected in section I. Validated Point to Point Encrypted (P2PE) Device. 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 by completing the Off-Boarding a Merchant Employee form.

Name of person completing this form: \_\_\_\_\_    E-mail: \_\_\_\_\_

Position Title: \_\_\_\_\_    Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_    Panther ID: \_\_\_\_\_    Date: \_\_\_\_\_

BU Approver's Name \_\_\_\_\_    E-mail: \_\_\_\_\_

Position Title: \_\_\_\_\_    Telephone: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_    Panther ID: \_\_\_\_\_    Date: \_\_\_\_\_