

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 equipment and/or have a significant change to their existing merchant environment.

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.

Department/Unit:	<input type="text"/>	Activity Number:	<input type="text"/>
Merchant Location Name: FIU	<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 location 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 or Reason for Change in Environment: *(include description of the goods and/or services you are selling):*

GL Accounting Information and Estimated Credit Card Volume:

Revenue Account Number(s):	<input type="text"/>	Note: Include the revenue account number(s) and corresponding description that will be used to record your department's merchant activity.
Account Number Description(s):	<input type="text"/>	
Number of Annual Transactions:	<input type="text"/>	Annual Revenue \$ <input type="text"/>
Is the sale subject to sales tax?	<input type="text"/>	Note: To determine if the sale is subject to tax, refer to the FIU Sales Tax policy , Procedures for Identifying and Reporting Sales Tax , and/or inquire with the Tax Compliance team.

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](#).

- | | |
|--|--|
| <input type="checkbox"/> Validated Point to Point Encrypted (P2PE) Device or Other Approved Device | <input type="checkbox"/> Online (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 or Other Approved Device

- | | | |
|---|----------------|-------------------------------------|
| <input type="checkbox"/> ID Tech SREDKey 2 - \$260 (via workstation) | Quantity _____ | Physical Location (Bldg & Rm) _____ |
| <input type="checkbox"/> PAX S500 - \$339 (connected via ethernet) | Quantity _____ | Physical Location (Bldg & Rm) _____ |
| <input type="checkbox"/> Wisepad II - \$185 (connected via bluetooth) | Quantity _____ | Physical Location (Bldg & Rm) _____ |
| <input type="checkbox"/> PAX A920 - \$435 (connected via WIFI) | Quantity _____ | Physical Location (Bldg & Rm) _____ |
| <input type="checkbox"/> Other _____ | Quantity _____ | Physical Location (Bldg & Rm) _____ |

Note: Unless otherwise noted, the above devices will be connected to PayConex or PayConex Plus gateway. It is the primary contact's responsibility to notify Merchant Services if the device is moved from the physical address noted above.

- [PayConex or PayConex Plus](#) CyberSource Other Device and/or Gateway (Purchased from Approved Vendor) _____

II. Online (E-Commerce):

Select desired gateway vendor: Internet Address (URL):

- [PayConex](#) [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 [Payment Card Processing Policy](#), and that I have reviewed the related information contained therein. In addition, I understand that this certification provides authority to purchase the equipment as selected in section I. I certify that all employees who process and handle cardholder information will complete the [Merchant Employee eForm](#) process to become approved. I certify that changes in payment card processing personnel will be submitted to the Office of the Controller by completing the appropriate Off-Boarding a Merchant Employee eForm.

Name of person completing this form: E-mail:
 Position Title: Telephone:
 Signature: _____ Panther ID: Date:

Approver's Name E-mail:
 Position Title: Telephone:
 Approver's Signature: _____ Panther ID: Date: