University of West Florida

Request for Authorization to Accept Credit Card Transactions

Department Name: _____

Program/Area to Accept Transactions: _____

Primary Contact: _____ Phone Number: _____

NOTE: **Cardholder Data** is defined as the entire Personal Account Number (credit card number) plus corresponding expiration date, cardholder name and/or service code. Cardholder Data is extremely sensitive information and should be kept secure and safeguarded at all times. The last four digits of the credit card number may be maintained for reference and do not constitute cardholder data.

Provide a description of your planned activities for which you will be collecting credit card payments:

_____
_____
_____
_____
_____
_____
_____

Describe how and in what capacity you will process, transmit and/or store Cardholder Data:

_____
_____
_____
_____

Our department plans to accept credit/debit cards (check all that apply):

_____ By email
_____ In person
_____ By phone
_____ By mail
_____ By fax
_____ Online payments entered by customer into UWF's system
_____ Other – describe _____

Type of equipment to be used to process credit card transactions:
_____ Card swipe terminal connected directly to bank
_____ Personal Computer
_____ Other – describe _____

Types of records that will be created containing Cardholder Data:
_____ Paper receipts
_____ Other paper documents – describe _____
_____ Electronic files – describe _____

Person responsible for record security and inventory maintenance _____

Outside entity to be used to process credit card transactions:
_____ Name of processing company _____
_____ Name of system or software to be used _____

List all people in your department that will have access to Cardholder Data:
Name   Title
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Certification

I confirm that my department understands and will comply with the University's procedures related to accepting credit/debit card transactions and the safeguarding of Cardholder Data. I understand that the University is contractually required to comply with the Payment Card Industry - Data Security Standards, and any unauthorized disclosure or breach of Cardholder Data may subject the University to severe fines and penalties.

Signatures:

Primary Contact   _____ Date _____

Department Chair/Director   _____ Date _____

Attach additional information that you feel will assist us in understanding your request. Please return completed form to Financial Services, Bldg. 20-E. Questions call 474-3028.