



# APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE

Ver. 1.1.1

Form Last Update February 22, 2010

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## PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE PROCEDURES

To acquire or change a payment card account, the Merchant Department Responsible Person (MDRP) or his/her designee must submit an *Application for Payment Card Account Acquisition or Change* (see Appendix 1) to the University Cashiers Office. The application must be signed by the MDRP/Administrative Manager (AM) and appropriate Associate Vice President or Dean. Applications that request eCommerce activities must also be signed by the Chief Information Officer. All eCommerce activities shall be processed by a third party vendor authorized by the University.

All requests shall be reviewed by the Request Reviewers (see Appendix 2). The Accounts Receivable/Cashier Manager shall respond to all applications. When an application to acquire a payment card account is approved, the Accounts Receivable/Cashier Manager will assist the MDRP in establishing the new merchant account activity. All card processing terminals shall be obtained through the University Cashiers Office.

The MDRP may appeal a decision to deny an application to acquire or change a payment card account to the University Controller, Financial Services.

### Work Flow

Fill out APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE form, have it signed by appropriate management and submit to the University Cashiers' Office.

Cashiers' Office Sends to Request Reviewers.

Accounts Receivable/Cashier Manager responds to applicant with approval/deny. If deny, applicant may appeal.

Cashier helps establish new merchant account activity and provides or arranges to provide all needed materials: transmittal forms, Credit Card Drafts, Hypercom Terminals, or CashNet Terminals or Transaction web pages.



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## APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE (1)

Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

AM/Responsible person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical location(s) Credit Cards will be processed: \_\_\_\_\_

Describe the goods, services, and/or donation which you will receive payments for. Please be specific:

Is this an existing or new source of revenue: \_\_\_\_\_

Explain why your department wants to accept credit card payments:

Indicate the Chartfields you intend to use for deposit of payments:

Business Unit: \_\_\_\_\_ Fund: \_\_\_\_\_ Account: \_\_\_\_\_ DeptID: \_\_\_\_\_

Describe the frequency of credit card payments. Is this a one time event? Are payments for seasonal or year-round activity?

How will you accept credit cards:  In-Person  Internet/eCommerce  Telephone  POS Software

What payment methods do you wish to accept:  American Express  Visa/MC  Discover

Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:

In Person \$	_____	Transactions #	_____
Mail/Phone/Fax \$	_____	Transactions #	_____
Internet/eCommerce\$	_____	Transactions #	_____



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Please identify any additional staff who will be involved in processing credit card payments. Include name, job title, and phone extension and describe duties:

Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities:

Signatures: \_\_\_\_\_  
AM/Responsible Person                      Date                      Dean/Appropriate Administrator                      Date

*By signing this form, the AM/Responsible Person acknowledges that he/she understands his/her role as outlined in the Sonoma State University Policy for Accepting Payment (Credit) Card and eCommerce Payments and accepts responsibility for that role.*

Please submit completed form to the University Cashier's Office. Questions can be directed to the Accounts Receivable/Cashier Manager via email at [nicholas.saschin@sonoma.edu](mailto:nicholas.saschin@sonoma.edu) or phone at 4-2338.



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APPLICATION FOR PAYMENT CARD ACCOUNT ACQUISITION OR CHANGE (2)

For Information Technology and Financial Services Use Only

Request Review

Payment Card Equipment Needed? [ ] Yes [ ] No
If yes, describe:

Three horizontal lines for describing equipment needs.

CashNet Set Up Needed? [ ] Yes [ ] No
If yes, describe:

Three horizontal lines for describing CashNet setup needs.

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Comments:

Seven horizontal lines for providing comments.

Signatures: Accounts Receivable/Cashier Date Information Security officer Date
Manager



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Signatures: \_\_\_\_\_  
Director Network Security      Date

\_\_\_\_\_ Date  
Director Workstation Security

For CashNet, *if set up required,*

For eCommerce Requests

Signatures: \_\_\_\_\_  
CashNet Administrator      Date

\_\_\_\_\_ Date  
Chief Information Officer

For General Accounting

Signatures: \_\_\_\_\_  
University GAU      Date

\_\_\_\_\_ Date  
Auxiliary GAU



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## Appendix 2

### POLICY ROLES AND ASSOCIATED CAMPUS ENTITIES

**Department receiving the form** – University Cashiers Office

**Form Maintainer** - Accounts Receivable/Cashier Manager

**Coordinator, Annual Review of Policy Acknowledgement/Compliance**  
Accounts Receivable/Cashier Manager

**Request Reviewers**

Dean/Appropriate Administrator  
Accounts Receivable/Cashier Manager  
Chief Information Officer  
Information Security Officer  
Director of Network Security and Communications Services  
Director of Workstation Security Services  
Deputy/Assistant Controllers University and Auxiliaries

CC: Police Chief

**Additional Review:**

If CashNet set up is required -- CashNet Administrator  
If eCommerce request -- Chief Information Officer

**Request Responder** - Accounts Receivable/Cashier Manager

**Appeals of Denied Requests** - University Controller

**Payment Card Account Facilitator** - Accounts Receivable/Cashier Manager

**Payment Card Equipment Contact** - University Cashiers Office

**CashNet Representative** – CMS Security Administrator

**eCommerce Requests** - Chief Information Officer

**PCI DSS Assessor** - Information Security Officer

**Training** – Information Security Office