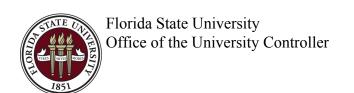
Student Business Services 1500 University Center A Tallahassee, FL 32306-2394

Ph: (850) 644-9452 Fax: (850) 644-5142

	$\mathbf{A}\mathbf{p}$	plicatio	n for F	Paymo	ent Card	l Merch	ants			
Purpose:	For departments who wish to accept payment cards (debit, credit, and/or FSU cards) as a form of payment from their clients/customers for services, merchandise, or other business related items or for departments that would like to change the way that payment cards are currently processed. <i>Note: Your department must first be a Cash Collection Point (see Step 2, Question #5).</i>									
Instructions:	ctions: Complete the application along with a <u>Payment Card Cost Worksheet</u> Applications must be submitted at least 90 days prior to start date. Review the requirements for merchants found in the <u>FSU Payment Card Policy</u> and the Payment Card Merchant Account Policy along with <u>FSU's Confidentiality Policy</u> . When finished submit this form along with additional documentation to Student Financial Services.									
Help:	For assistance or que (ccaito@fsu.edu) or	, 1				, FSU Cre	dit Card	Man	nager a	t 850/644-9475
Step 1:										
Dept:			Super	visor:					Date:	
Address:		City:				State:			Zip:	
Phone:		Fax:				E-mail:				
Dept ID:		Fun	d:			Accou	ınt:			
Chartfield 1	:	Chartfi	ield 2:	2: Chartfield 3:						
Is the departm	ent currently a payme	ent card r	merchan	ıt?	O Ye	S	No			
Step 2:	1) Briefly explain to transactions (in-perscircumstances may	on, telep	hone, fa	x, inte	rnet, other	). <i>Note:</i> fo	or secur	ity p	-	

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,		•		t the departmen	nt will offer and the	
estimated	percentage of total	transactions for	r each.		%	
,					%	
					%	
					%	
3) Check	the type(s) of staff Permanent	that will have	access to sens	sitive payment o	card information:	
and void t						
		O Yes	No			
5) Is the	department current	ly a cash collec	tion point cer	tified by the Co	ontroller's office?	
If <b>Yes</b> , ple		of your comple	ted Cash Coll	lection Point Ap	oplication along with this	
Managem	ase complete the <u>Ca</u> ent for approval. No roved as a payment	ote: you must fi	irst be approv		d to the Treasury llection point prior to	
6) The Controller's office receives payment card chargebacks that must be responded to within a few days. Will your department be able to provide the required documentation within 1-2 business days of being contacted?  O Yes  No						
	r to process this apportion this application. F	•			nust be completed and	
		O Yes	No			

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## **Step 3:** Changes/3<sup>rd</sup> Party Vendors:

1) What is your department's current method of accepting payment cards and what changes do	
you want to make? For departments that are first time applicants, choose the method of processi	ing
that you will be using in the column on the left.	

that you will be using in the column on the le	ft.				
Current or New	Changing To/Adding				
2) Will a third party vendor be used to process payment card transactions?					
,	T.J.	O Yes	O No		
Note: If approved, the vendor will be required PCI DSS. Vendors should be on Visa's "List of Validated Payment Applications". The con	of Compliant Service Provider	s" and/or Vi	sa's " <u>List</u>		
prior to submitting, for the appropriate indem	nification language and appro-	ved by FSU	legal		

## **Step 4:** Department Contact Information:

Name:	Phone:	Fax:	
Address:	City:	State / Zip:	
E-mail:			

counsel. Attach it to this application along with other documentation.

## **Step 5:** Certification (initial):

related documents are true and accurate and I have read and understood <u>FSU's</u> <u>Confidentiality Policy</u> and agree to comply fully with its content.
I certify that I have received and reviewed a copy of the Payment Card Merchants Account Policy, and I agree to comply with the procedures listed within. I further agree to adhere to the <u>University's Payment Card Policy</u> and related procedures.
I certify that all employees who process and handle payment cardholder information will have a background check performed (if not done already and is still current) and will undergo required training. Changes in payment card processing personnel will be brought to the attention of the Controller's office via the <a href="Employee Change Form">Employee Change Form</a> .

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Step 6:	Signature:						
	Signature of Department Head or Director	Date					
	Printed Name						
	ease complete this application and submit, along with all related documents, to:						
	For assistance or questions, please contact Curt Caito, FSU Credit Card Manager at 850/644-9475 (ccaito@fsu.edu) or Jill St. Angelo at 850/644-1551.						
Step 7:	For Official Use Only:						
	Received by the University Controller's Office on:	Date					
	Approved Not Approved						
	For reasons stated:						
	Signature of Department Head or Director	Date					
	Printed Name						

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