Florida State University
Office of the University Controller

Application for Payment Card Merchants

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. *Note: Your department must first be a Cash Collection Point (see Step 2, Question #5).*

Instructions: Complete the application along with a **Payment Card Cost Worksheet** Applications must be submitted at least 90 days prior to start date. Review the requirements for merchants found in the **FSU Payment Card Policy** and the Payment Card Merchant Account Policy along with **FSU's Confidentiality Policy**. When finished submit this form along with additional documentation to Student Financial Services.

Help: 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 1:

Dept:		Supervisor:		Date:	

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

Dept ID:		Fund:		Account:	
Chartfield 1:		Chartfield 2:		Chartfield 3:	

Is the department currently a payment card merchant?   ◯ Yes   ◯ No

Step 2:   1)   Briefly explain the business process your department will use to accept payment card transactions (in-person, telephone, fax, internet, other). ***Note:* for security purposes, under no circumstances may transactions be processed via email or voicemail.**

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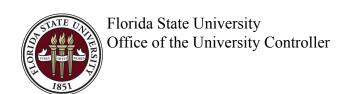
Student Financial Services
1500 University Center A
Tallahassee, FL 32306-2394
Ph: (850) 644-9452 Fax: (850) 644-5142

2) List the services or types of products/merchandise that the department will offer and the estimated percentage of total transactions for each.

	%	
	%	
	%	
	%	

3) Check the type(s) of staff that will have access to sensitive payment card information:

☐ Permanent ☐ Temp ☐ OPS ☐ Student

4) Will a permanent employee supervisor be available for all daily balancing/settlement, refund, and void transactions? (***Note:*** *a minimum of two employees are required to process payment card transactions and settlements each day; one must be a supervisor).*

○ Yes   ○ No

5) Is the department currently a cash collection point certified by the Controller's office?

○ Yes   ○ No

If **Yes**, please submit a copy of your completed Cash Collection Point Application along with this application.

If **No**, please complete the Cash Collection Point Application and forward to the Treasury Management for approval. Note: you must first be approved as a cash collection point prior to being approved as a payment card merchant.

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?

○ Yes   ○ No

7) In order to process this application, a Payment Card Cost Worksheet must be completed and attached to this application. Have you completed that worksheet?

○ Yes   ○ No

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Step 3:　　　Changes/3rd 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 processing that you will be using in the column on the left.

Current or New		Changing To/Adding	

2) Will a third party vendor be used to process payment card transactions?　　○ Yes　　○ No

Note: If approved, the vendor will be required to provide a letter certifying compliance with the PCI DSS. Vendors should be on Visa's "List of Compliant Service Providers" and/or Visa's "List of Validated Payment Applications". The contract with third party vendors **must** be reviewed, *prior to submitting*, for the appropriate indemnification language and approved by FSU legal counsel. Attach it to this application along with other documentation.

Step 4:　　　Department Contact Information:

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

Step 5:　　　Certification (initial):

	I certify, to the best of my knowledge, that the information on this application and all related documents are true and accurate and I have read and understood FSU's Confidentiality Policy 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 University's Payment Card Policy 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 Employee Change Form.

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Step 6:   Signature:

_____   _____

Signature of Department Head or Director   Date

_____

Printed Name

Please complete this application and submit, along with all related documents, to:

> Student Financial Services
> 1500 University Center A
> Tallahassee, Fl 32306-2394
> Attn: Curt Caito

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