

Application for acceptance of Payment Cards by UVa Departments (08/17 BC)

Department Name: _____

Physical (street) Address: _____

UVa mailing (PO) address: _____

City, State and Zip: _____

The individuals signing below have read and fully understand [Governance and Compliance Requirements for Payment Card Activities – FIN-037](#) and [Revenue Generating Activities – FIN-049](#) regarding approved revenue generating activity and acknowledged that the products, fees and/or services the department is engaged in selling are in full compliance with the Policy and Procedure.

The Project Manager is responsible for informing the University Payment Card Services Department of any personnel changes, access or reporting issues as soon as they arise. It is also their responsibility to inform your support staff of any additions, deletions or changes in the accounts set up to include new events or registrations as these changes affect reporting, revenue recognition and access.

A Payment Card Industry (PCI) Coordinator will be designated if one has not already been assigned to your area. (A form will be provided if required.)

By signing this document, you acknowledge and accept responsibility for the management of the account and all that entails.

Signature-Project Manager

Signature-Dean or Department Head

Printed Name

Printed Name

Phone Number

Email address

PCI Coordinator

Fax number

Coordinator Email address

Requirements

Check One:

- This is an ongoing process or an event that repeats at least annually where the University will be managing the registration and collections of funds.
- This is a one-time process that will not be repeated.
 - The Funds will remain at UVA.
 - The Funds will be forwarded to another entity at the end of the event.
- The department has the fiscal support necessary to manage payment card processing, i.e.
 - Revenue account (GL),
 - PTAEO to absorb fees,
 - GL reconciliation through Discoverer.

(GL Specialist is required for the Oracle entries and UBI reporting access for reconciliation)

- Describe in detail the **products, fees and/or services** that are being offered for sale.

- **Method** the department/unit will use to accept Credit Cards:

In-person or mail/telephone order with a **swipe terminal**. (How many terminals are required? _____. Indicate the Make and Model of the terminal/s you have selected. _____)

(The amount will be billed on your first payment card statement to the PTAO listed on page 4.)

Mail order/telephone (PC with software) – Payment entered into **EPay @UVA** (UVA- Gateway through Commerce Manager) for payment processing –
Complete *OPTION I, page 5*

Departmental Website (with or without front-end software) where customer is passed to the **EPay @UVA** (UVA Gateway through Commerce Manager) for payment processing. **Complete *OPTION I, page 5***

In-person Cash Register attached to a **PC** where cardholder data is entered into vendor's website. **Complete *OPTION II, page 5***

Website where payment data is collected by third-party vendor or their processing partner. **Complete *OPTION II, page 5***

- If Web, please list the **URL** _____, and the
IP address _____.

Who manages the server (the department, IT an outside company/provider)?

- Explain the customer’s payment experience. (e.g. *Customer enters on the page listed above (URL), uses the dropdown for Services and selects “Make a Payment”. They click and are directed to the Pay Now button*)

- Does the department/unit currently make deposits directly into Bank of America? Yes No
- **If NO**, or if a Foundation with a separate bank account, please provide (bank name, bank account number and routing number and **attach Federal Tax Form 990**).

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

If the Revenue from this activity is directed to multiple revenue strings at any time, two Clearing Projects will be established for the department. Complete the information below:

1. Indicate the name, phone and email for the individual responsible for entering the payment card deposit information into **Oracle**.

Name: _____

Email: _____ Phone: _____

2. Indicate the name, phone number and email for the individual responsible for reconciliation of the payment card **clearing projects**.

Name: _____

Email: _____ Phone: _____

If the revenue from this activity is directed to a single GL Revenue String (without exception) then the proceeds can be posted directly to the Revenue String. The person who is responsible for reconciling the Revenue Project will have access to reporting.

No department entries will be required! If that is your choice, complete the information below.

1. **GL String** that Department will use to record revenue:

----- 0000
Entity Project Fund Source Object Code Org Future

2. Indicate the name, phone number and email address for the individual responsible for **reconciliation of the GL Revenue Project.**

Name: _____

Email: _____ Phone: _____

- **REQUIRED** - Indicate the **Oracle PTAE0** number to be used to charge the Discount Fees, Chargebacks and other processing costs:

Project Task Award Org

- Income and Sales information. Please provide the following:

- Average Sale Amount _____
- High Sale Amount _____
- Number of Sales above the “HIGH” amount annually _____
- Total Monthly Payment card Sales _____
- Number of transactions per Month _____
- Annual Revenue for the department (Cash, Checks, Payment Cards) _____

- **Date** the department/unit would like to begin accepting credit cards. _____
(This date must be a minimum of 30 days from the date the application is received by University Payment Card Services.)

- Is **Activity Seasonal**, please list the months CLOSED. _____ through _____.

- **Description** the department would like to appear on the cardholder’s statement and customer receipt (25 character limit). *If you are applying for an EPay account and anticipate additional events, make your Cardholder’s statement description as generic as possible so that it will accommodate many events. eg. UVA XYZ on your cardholder’s statement can be UVA XYZ – Spring Events 2016 in EPAY or UVA XYZ – McGregor Fundraiser.*

----- @UVA

- **Mode of payment** Credit Cards ACH (EPay at UVA only) Both

Before you select ACH as a payment type, be aware that a refund of an amount originally charged via ACH will have to be made through AP just as any payment by check. The customer will have to be set up as a vendor and AP will require a Social Security number.

- **Contact Phone** number that you would like displayed on the receipt. _____.
- Customer Service email address for the department/unit/event _____.
- Name, Phone number and Email of the individual responsible for **Chargebacks** (cardholder disputed transactions).

Name: _____

Email: _____ Phone: _____

MERCHANT OPTIONS

OPTION I – WEB UVA GATEWAY Please indicate name, phone number and email for the individual who developed the WEB site, provides programming support to maintain the Web site and who will be available to make the necessary changes to plug into the EPay @UVA, the University Gateway.

Name: _____

Email: _____ Phone: _____

OPTION II - If the department/unit will be using software purchased from an outside vendor or developed internally that bypasses the UVA Gateway or performs front-end processing (cash register, PC or WEB), please indicate the name of the package, the manufacturer, the contact individual, the address and phone number and indicated whether the procurement is for a payment application (software) or is the vendor a service provider (credit card processing). (See Note)

Name: _____

Email: _____ Phone: _____

NOTE: See [Payment Card Industry Data Security Standards](#), section 12.8.1 through 12.8.5, concerning the contractual requirements for all third party vendors to be PCI compliant. You must provide documentation from the software vendor or service provider that certifies PCI compliance and be willing to have the software periodically scrutinized by UVA's Office of ITS Enterprise Infrastructure and all external-facing IP addresses scanned by an outside vendor for system vulnerabilities.

Indicate agreement by Signing: _____

Name: _____

Title: _____



For Controllers Office Use Only

Date application received _____

Approved _____
(Signature and Date)

Date Elavon Merchant ID requested _____

Elavon Merchant Number 8 _____

Commerce Manager or Other _____

Date Activated on Gateway _____

Date Amex Number Requested _ Amex Number _____

