Office of Compliance and Ethics
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 (full credit card number) plus either the corresponding expiration date, cardholder name and/or service code. As Cardholder Data is classified as extremely sensitive information, we are required to keep it 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.

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

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

III.   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:

IV.   Type of equipment to be used to process credit card transactions:

     ☐ Card swipe terminal connected directly to bank
     ☐ Personal Computer
     ☐ Other (provide description):

V.   Types of records that will be created containing Cardholder Data:
     ☐ Paper receipts
     ☐ Other paper documents (provide description):

     ☐ Electronic files (provide description):

VI.   Person responsible for record security and inventory maintenance:

VII.   Outside entity to be used to process credit card transactions.

     a. Name of processing company:

     b. 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: _____

Dept. Chair/ Director: _____ Date: _____

Attach additional information that you feel will assist us in understanding your request. Please return completed form to Office of Compliance and Ethics, Bldg. 20-W/ Rm. 158A.

Questions/ Concerns:
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Chief Compliance Officer
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