TEXAS TECH UNIVERSITY
Cash & Credit Management Services™

TTU Merchant Application & Update

_____

Please select appropriate option below.

☐ Request for New Merchant ID
☐ Request for Change in Processing Methods of Existing Merchant ID
☐ Adding an additional store or site to an existing Merchant ID
☐ Update for Existing Merchant ID

_____

Merchant Information

Department: _____   Merchant/Event Name: _____

Merchant Location (Physical Location):

_____
Street (Include: Building, Room #, MS)   City   State   Zip

Department Primary Contact: _____   Title: _____

Email: _____ Phone #: _____ Fax #: _____

Department Secondary Contact: _____   Title: _____

Email: _____ Phone #: _____ Fax #: _____

_____

Description of Request

What is the business purpose for requesting permission to process payment card transactions? (Payment card supports cashless payment for goods and services, such as credit cards or debit cards.)

_____

How will payments be accepted? Please check all that apply.

Note: For security purposes, under no circumstances may payment cards be processed via email, voicemail or instant messaging.

Online

    ☐ TouchNet Marketplace (uStore, uPay, Ready Partner)

Telephone

    ☐ Phone (keyed directly into POS device obtained from TTU payment card processor)

    ☐ Phone (keyed into online system)

Point of Sale (POS)

    ☐ Point of Sale swipe terminal obtained by TTU payment card processor (terminal connected via phone line)

    ☐ Point of Sale swipe terminal (IP) obtained by TTU payment card processor (terminal connected with Local Area Network)

    ☐ Wireless point of sale terminal provided by TTU payment card processor (cellular terminal)

Other – Exception

    ☐ Requires exception form and additional approval (contact Cash and Credit Management Services for additional information and exception form)

For payments taken by phone, please describe in detail how the payment card information will be handled for processing. Please write in "N/A" if you do not take payment by phone.

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If Point of Sale devices will be used, please describe how physical access to the devices will be restricted and the method, including frequency, the physical devices will be inspected. Please attach a data flow diagram documenting communication. Please write in "N/A" if you are not using a Point of Sale device.

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What information for the payment card and payment card holder will be retained by the Merchant after completion of payment card transactions? Check all that apply.

- ☐ Full Payment card number
- ☐ Expiration date
- ☐ Security Code
- ☐ None

If anything other than "None" was selected above, describe in detail how payment card information will be stored, paper or electronically. If paper, how will it be secured and disposed of? If electronically, is it encrypted or un-encrypted? Please describe the business need for storing payment card information.

Have all employees who are identified as account owner or business manager and all employees who process credit cards for this merchant account completed PCIDSS awareness training? *Please submit the Policy certifications for each with this request.*

- ☐ Yes
- ☐ No

Have all employees who are identified as account owner or business manager and all employees who process credit cards for this merchant account signed a Policy Certification Form indicating that they have read and understand the University Payment Card Processing Policy? *Please submit the Policy certifications for each with this request.*

- ☐ Yes
- ☐ No

_____

Please list Banner FOP to charge for credit card fees:

Note: All credit card transactions are charged an average of 2-4% per transaction. All fees for this merchant account will be charged monthly to the Banner FOP listed below.

_____   _____   _____

Banner Fund   Banner Organization   Banner Program

Requesting Department Approval:

1. I will require all staff that process payment card transactions, have access to sensitive payment card information, process payment card journal entries, or supervise these employees to take the appropriate PCIDSS awareness training before performing payment card tasks and annually thereafter, for as long as they continue to perform these tasks.

2. I will promptly report any suspected compromise of cardholder data to Cash and Credit Management Services (742-3271) and TTU IT Information Security Officer (742-5151).

3. I will notify Cash and Credit Management Services when I am no longer the person responsible for overseeing credit card activity for this merchant account or when there is any change in the process outlined in this request.

_____

Merchant ID Owner Signature   Date

_____

E-Commerce (Complete only if planning to accept payments over the web.)

Type of product to be sold. Please select all that apply.

  ☐ Goods
  ☐ Professional development
  ☐ Registration
  ☐ Other Services
  ☐ Other _____

List Banner Revenue FOAP (Fund, Organization, Account and Program) Below:

_____ _____ _____

Banner Fund   Banner Organization   Banner Program

Banner Account Code:
(*To be completed by Accounting Services*)

_____

Web address if available

Are any of these products taxable?

  ☐ Yes
  ☐ No

_____

Accounting Services Review & Approval:

_____

Signature   Date

Payroll & Tax Services:

_____

Signature   Date

To be completed by World Wide eLearning:

Will this merchant be set up through eLearning?

    ☐ Yes
    ☐ No

_____
World Wide eLearning Signature   Date

Office of the CIO Review & Approval:

_____
Jason Brandiger   Date

_____
Kathy Austin   Date

_____
Jeff Barrington   Date

_____
Sam Segran   Date

Office of Cash and Credit Management Services Review & Approval:

_____
Stephanie Smith   Date

To be completed by Cash and Credit Management Services:

_____   _____
Visa/MC/Discover Merchant ID: American Express Merchant ID

If e-commerce, indicate type of Touchnet Marketplace account:

    ☐ U Store
    ☐ U Pay

If U Pay, list shopping cart application used