University System of New Hampshire

APPLICATION FOR PAYMENT CARD MERCHANTS

To be completed by departments that would like to accept payment cards (Visa, Master Card, American Express, Discover cards and debit cards) as a form of payment for tuition, goods and/or services, receipt of donations, credit non-credit courses, conferences, seminars, tickets and other approved institution related products.

Please read Procedure *10-010 USNH Payment Card data Security Procedure*, prior to completing this application to make sure that your department will be able to comply with all the requirements listed in this procedure.

Application must be submitted to your Campus Finance/Administration Office. Once the application has been approved, please allow at least five to seven business days prior to the desired "live" date. The information provided on this application will help you provide needed information to the USNH merchant services bank representative, American Express and Discover Business Services when setting up the new location. For assistance or questions regarding this form, please contact your Campus Finance/Administration Office.

Merchant Information

Department Name

Primary Merchant Department Responsible Person (MDRP): *Primary contact will be responsible for the overall process of accepting payment cards at this location and must be a full time employee (Work Study employees are not allowed).*

Last	*First*	*M.I.*
Phone Number	*Fax Number*	*Email Address*

Secondary Merchant Department Responsible Person (MDRP):

Last	*First*	*M.I.*
Phone Number	*Fax Number*	*Email Address*

Merchant Name:

   Note: The merchant name will appear on your customer's monthly statements and on the statements sent to the Controller's Office.

Internet Address:

   Note: Internet Address is ONLY required if accepting payment cards over the internet (online).

Merchant Location Address: *Must include Building and Room number; Statements will be mailed to this address*

Street Address	
Building Name	*Room Number*
City	*State* *ZIP Code*

Date Submitted: _____   **Desired "Live" Date:** _____

Use:

What is the main purpose of this merchant account (i.e. registration fees, tuition for non-credit courses, tickets for events)? Please list all that apply.

_____

_____

_____

_____

Business need:

What is the reason to establish this merchant account? Please explain below:

_____

_____

_____

_____

_____

_____

_____

_____

Transaction Type Information

Note at Plymouth State University (PSU), this section is completed by Financial Services Office

Transaction Type(s) to be Accepted: (*Mark all that apply*)

Visa: ☐   **Master Card:** ☐   **American Express [1]:** ☐   **Discover:** ☐   **JCB:** ☐

(1) To accept American Express Cards, an AMEX ID must be obtained directly from AMEX. Your Campus Finance/Administration office will work with USNH Controller's Office to obtain an AMEX ID.

Processing Type: *(Check the type of system currently being used or will be used)*

POS (Point of Sale) Electronic Terminals ☐   **Internet (Online)** ☐   **Other [2]** ☐

If other, please describe in detail _____

Current third party vendor, if applicable _____

(2) Payment card information must NEVER be shared via email, voice message, or instant message. If information is received by fax, it must be processed and shredded immediately.

Estimated Annual Payment Card Volume:

Annual Dollar Amount _____   **Annual Number of Transactions:** _____

Average Dollar Amount of a Transaction: _____

Chargeback Information:

Mail "Chargebacks" to (Provide name, title and address including building and room #)

Name	*Title*

Street Address

Building Name	*Room Number*

City	*State*	*ZIP Code*

Note: Chargebacks are created when a customer disputes a charge. If action is not taken by the merchant within the time frame indicated on the letter, the institution will be charged by the payment card company. A journal entry must be made by the merchant to record each chargeback. If assistance with Chargebacks is needed, please call your Campus Business Office.

Acceptance – POS: *(Point of Sale) Terminals*

If using existing, owned equipment – indicate vendor, type and/or model number:

Vendor	*Type*	*Model Number*

If you will need equipment, please provide the following and use additional paper if you need more than one equipment on [Appendix A.](#)

Model # _____

Connectivity type (Check one):

PN: ☐ **Dial up:** ☐ **Prefix to dial out: _____** **Data plan:** ☐ **Wi-Fi Connection:** ☒

Acceptance – Internet (Online):

Internet Software Vendor

Indicate any integration and/or interface requirements, including any special configuration, implementation or conversion needs (if applicable):

Procedures:

I agree to read and adhere to the procedures provided in *Procedure 10-010 USNH Payment Card data Security.*

Requirements for Establishing a Merchant Account:

Departments are responsible for ensuring that employees who will be involved in payment card handling, or have access to such sensitive data, have:

a. Reviewed institution's *Procedure 10-010 USNH Payment Card data Security,* and become familiar with the *Payment Card Industry Data Security Standards* (PCI DSS).
b. Cleared a background check before access to cardholder information is granted.

Certifications:

I certify, to the best of my knowledge, that the information on this application and all related documents are true and accurate. I certify that I have read and understand *Procedure 10-010 USNH Payment Card data Security* and that I have reviewed the related information contained therein. In addition, I understand that this certification provides authority to purchase/rent equipment as determined above with a charge to department.

FOAPAL:	**Fund**	**Orgn**	**Acct**	**Prog**	**Actv**
Revenue:					
Payment Card Charges including PCI DSS non-compliance fee:					
Equipment cost					

I certify that all employees who process and handle payment cardholder information will have a background check performed and received all required training. I certify that all changes in payment card handling personnel will be submitted to my Campus Business Office as soon as approved.

Signature of MDRP completing this form

Printed Name: _____ Date: _____

Title: _____ Phone: _____

Once this form is completed, please submit the signed application with all related documents to your Campus Finance/Administration Office. For assistance or questions, please contact your Campus Finance/Administration Office. Thank you.

Campus Review and Approval

Approved ☐ Denied ☐ *Reason for denial:* _____

_____

Signature   *Name*   *Title*   *Date:*

If approved, **please e-mail a copy of this signed completed application to USNH Treasury at** usnh.pci@usnh.edu

USNH Accounting Services Use-Only

USNH Treasury Approval provided by:

_____
Signature   *Name*   *Title*   *Date*

Information Profile sent to bank by:

_____
Name   *Title*   *Date*

Merchant Name: *Merchant ID*

APPENDIX A: Continuation sheet- Acceptance-POS

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐

Model # _____

Connectivity type (Check one):

PN: ☐   Dial up: ☐   Prefix to dial out: _____   Data plan: ☐   Wi-Fi Connection: ☐