

Application for acceptance of Payment Cards by UVa Departments (5/15 BC)

Department Name: _____

Physical (street) Address: _____

UVa mailing (PO) address: _____

City, State and Zip: _____

The individuals signing below have read and fully understand [Financial Administration Policy V.A.1](#) and [Procedure 15-70](#) 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 DISCOVERER 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? _____)

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***

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

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Project

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Task

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Award

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- Please estimate the anticipated **average sale** (_____), the **annual sales volume** (_____) and indicated whether your sales are seasonal and describe. _____

- **Date** the department/unit would like to begin accepting credit cards.

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(This date must be a minimum of 30 days from the date the application is received by University Payment Card Services.)

- **Description** the department would like to appear on the cardholder’s statement and customer receipt (33 character limit).

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@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.

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- 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 _____

Commerce Manager or Other _____

Date Activated on Gateway - -

Date Amex Number Requested - - Amex Number _____

