Please complete the application online then print for signatures.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Date Submitted:**
* **Name:**
* **Title:**
* **Department**:
* **Email Address**:
* **Phone Number**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please explain why your department wants to accept credit card payments. Include a description of the goods and/or services for which you will receive payments. Please be specific:**

**2. Describe the economic benefits that you expect to gain by accepting credit cards. (**You may attach additional documentation to support this application.)

**3. Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity? Provide detailed timeframes**.

**4. Is this an existing or new source of revenue?**

**5. Please provide the UT Share / PeopleSoft chart fields where revenue will be recorded.**

* Account Code
* Fund
* Dept. ID
* Cost Center or Project ID
* Function

**6. What other methods of payment do you anticipate accepting for this specific purpose? (Check all that apply)**

Credit Card/Electronic Payments  Electronic Checks

Cash/Paper Checks (Cash handling procedures and training is required.)

**7. How do you plan to process these payments?**

In-person (card present)  Internet  Phone/Fax order\*

**If Phone/Fax order, please explain:**

*\*Note: For security reasons, faxes must be secured. Revenue collection arrangements that require payees to enter credit card numbers on preprinted order forms which are then mailed to a UT Tyler department must be locked in a secured area. Credit card data should never be transmitted via email correspondence.*

**8. Will you have a need to store credit card information either electronically or on paper?**

Yes  No

**If yes,**

* 1. **Where will this information be stored?**
  2. **How will this information be secured?**
  3. **How long will this information be stored?**

**9. Who will be the Merchant Department Representative (MDR) and additional users? The MDR, as referenced in the UT Tyler policy for Accepting Credit Card and Electronic Payments, is responsible for managing credit card and/or electronic payment transaction processing.** *Include name, job title, Employee ID, phone extension and user role below.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Title** | | **Employee ID** | **Phone #** | **User Role (from list below)** | | |
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| **User Role** | | **Responsibilities** | | | |  |
| Merchant Department Representative  OR  Merchant Manager | | \*Manage their equipment or web site settings.  \* Is the designated contact that appears on the University department web site via the "Contact Us" link in the navigation bar. The user assigned the University department web page contact role must add their e-mail address to their user profile. | | | | |
| \*Manage credit card and/or electric payment transaction process. | | | | |
| \*Review University department web page financial data or reports. | | | | |

**Card Acceptance Guide and Operating Regulations and Rules:**

**10. Have you reviewed the applicable online Card Acceptance Guide(s) and Operating Regulations and Rules as referenced in the UT Tyler policy for Accepting Credit Card and Electronic Payments (Ref: Standards section, Item 2)?**

Yes  No

**11. Have all staff who will be involved in processing credit card payments been made aware of and have access to these documents?**

Yes  No

**Web Based Payment Page:**

**12. If you are planning to accept credit card payments via the Internet, do you have a unique University department website for this purpose?**

**If so, please provide the website name and the URL**:

1. Name:
2. URL:

**13. If you need a unique University department website, please answer the following:**

1. **What information do you need to collect from each customer?** (Name, Address, and Email are collected by default)
2. **Do you have a description and images for each product?**
3. **Do you have prices for each product?**

**14. What is your refund policy? (Required)**

**15. Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities.**

Yes  No

Roles/Responsibilities:

**Signatures:**

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant Dept Representative Department Head

Printed names:

***By signing this form, the Merchant Department Representative acknowledges that he/she understands his/her role as outlined in the “UT Tyler policy for Accepting Credit Card and Electronic Payments” and accepts the responsibility of that role.***

***By signing this form, the Department Head approves of the business case presented for the department to become a Merchant Department, the information provided and the designated Merchant Department Representative.***

Please submit completed form to the Vice President for Administration: Administration Building, ADM 336.

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vice President for Administration

**When required signatures have been obtained, please forward the original application to Financial Services, Cash Manager.**

|  |  |  |
| --- | --- | --- |
| **For Financial Services Use Only:** | | |
| Date Received: | * Application Complete | Processed By: |
| Authorized Signature/Date | | |