

### APPLICATION TO BECOME A MERCHANT DEPARTMENT

| Name:  | Titl            |               |  |         |
|--|-----------------|---------------|--|---------|
| SAP Dept. Name:                                      | er:             |               |  |         |
| College/Division:                                    |                 |               |  |         |
| Mailing Address:                                     |                 |               |  |         |
| Email:   |                 |               | Fax #:   |         |
|  |                 |               |  |         |
| SAP G/L Account and Co                               | st Center when  | re funds will | be deposited:  |         |
| Revenue:   | _               |               |  |         |
| Cost Center:   |                 | G/L Acco      | ount:  |         |
| Expenses (i.e., processin                            | ıg fees):       |               |  |         |
| Cost Center:   |                 | G/L Acco      | ount:  |         |
| What credit cards brand<br>associated with accepting |                 | -             | as payment? There are higher for the state of the state o | ees     |
| VISA/MasterCard (stan                                | dard) Di        | scover        | American Express   |         |
| Describe the goods, serv<br>specific:                | vices and/or gi | fts for whicl | n you will receive payments. Pl  | ease be |

Is this an existing or new source of revenue?

Explain why your department wants to accept credit card payments.

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

# Will credit card be the sole method of payment? If not, what other methods of payment do you anticipate accepting for this specific purpose?

## How do you plan to process these payments? (check all that apply)

|  |                        | il/phone/fax order* Internet<br>smitted via e-mail correspondence. Faxes must be secured. |
|--|------------------------|---|
| Which equipment d                          | lo you need to pi      | rocess credit cards?  |
| Credit Card Termin                         | nal                    |   |
| Manual Imprinter                           | Swipe Machine          |   |
| None* <i>*Note: When processing</i>        | credit cards via the i | internet, no equipment is required.   |
| If you are planning<br>following informati | -                      | card payments via the Internet, please provide the  |
| Website URL:                               |                        |   |
| Server name where t                        | he web site is hos     | sted:   |
| IP Address:                                |                        |   |
| 3 <sup>rd</sup> Party Vendor if we         | ebsite is not hoste    | ed on a NKU server:   |
| 3 <sup>rd</sup> Party Online Payn          | nent Gateway Pro       | cessor:   |
| Please indicate the applicable credit ca   |                        | al dollar volume and number of transactions for each<br>rocess:                           |
| In-person                                  | \$                     | # of transactions   |
| Mail/phone/fax order                       | \$                     | # of transactions   |
| Internet                                   | \$                     | # of transactions   |
|  |                        | nt Responsible Person (MDRP)?<br>or managing credit card transaction processing?          |
| Name:                                      |                        | Title:  |
| Phone Number:                              |                        | Email Address:  |
| Please briefly describ                     | oe their duties:       |   |

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.

By signing this form, the Merchant Department Responsible Person acknowledges that he/she understands his/her role as outlined in the University's Procedures for Credit Card Merchants and accepts the responsibility of that role. Additionally, the MDRP recognizes that the liability for a breach is accepted by the Merchant Department should a breach occur due to negligence of the department to adhere to the University's Procedures for Credit Card Merchants.

By signing this form, the Dean/Director or Chair approves of the business case presented for the department to become a Merchant Department, the SAP information provided, and the designated Merchant Department Responsible Person.

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

MDRP

Dean/Director or Chair

Date: \_\_\_\_\_

Please submit completed form to: Merchant Card Services AC 235 Lucas Administrative Center Highland Heights, Kentucky 41099

#### For Office of the Comptroller use only

Date application received:

 Merchant Account #:
 \_\_\_\_\_\_

 AMEX #:
 \_\_\_\_\_\_\_

| Discover #: |  |
|-------------|--|

## <u>Approval</u>

Merchant Services: \_\_\_\_\_

Comptroller's Office: \_\_\_\_\_

Information Technology: \_\_\_\_\_