



## Application for Payment Card Merchants

**Purpose:** For departments who wish to accept payment cards (debit, credit, and/or FSU cards) as a form of payment from their clients/customers for services, merchandise, or other business related items or for departments that would like to change the way that payment cards are currently processed.

*Note: Your department must first be a Cash Collection Point (see Step 2, Question #5).*

**Instructions:** Complete the application along with a [Payment Card Cost Worksheet](#). Applications must be submitted at least 90 days prior to start date. Review the requirements for merchants found in the [FSU Payment Card Policy](#) (scroll down the page until you get to "4-OP-D-2-G Payment Card") and the Payment Card Merchant Account Policy along with [FSU's Confidentiality Policy](#). When finished submit this form along with additional documentation to Student Financial Services.

**Help:** For assistance or questions, please contact Curt Caito, FSU Credit Card Manager at 850/644-9475 ([ccaито@fsu.edu](mailto:ccaито@fsu.edu).)

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### Step 1:

<b>Dept:</b>		<b>Supervisor:</b>		<b>Date:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>E-mail:</b>	
<b>Zip:</b>					
<b>Dept ID:</b>		<b>Fund:</b>		<b>Account:</b>	
<b>Chartfield 1:</b>		<b>Chartfield 2:</b>		<b>Chartfield 3:</b>	

Is the department currently a payment card merchant?

☐ Yes

☐ No

**Step 2:** 1) Briefly explain the business process your department will use to accept payment card transactions (in-person, telephone, fax, internet, other). **Note: for security purposes, under no circumstances may transactions be processed via email or voicemail.**



2) List the services or types of products/merchandise that the department will offer and the estimated percentage of total transactions for each.

	%	
	%	
	%	
	%	

3) Check the type(s) of staff that will have access to sensitive payment card information:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temp	<input type="checkbox"/> OPS	<input type="checkbox"/> Student
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4) Will a permanent employee supervisor be available for all daily balancing/settlement, refund, and void transactions? (**Note:** a minimum of two employees are required to process payment card transactions and settlements each day; one must be a supervisor).

<input type="radio"/> Yes	<input type="radio"/> No
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5) Is the department currently a cash collection point certified by the Controller's office?

<input type="radio"/> Yes	<input type="radio"/> No
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If **Yes**, please submit a copy of your completed Cash Collection Point Application along with this application.

If **No**, please complete the [Cash Collection Point Application](#) and forward to the Treasury Management for approval. Note: you must first be approved as a cash collection point prior to being approved as a payment card merchant.

6) The Controller's office receives payment card chargebacks that must be responded to within a few days. Will your department be able to provide the required documentation within 1-2 business days of being contacted?

<input type="radio"/> Yes	<input type="radio"/> No
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7) In order to process this application, a [Payment Card Cost Worksheet](#) must be completed and attached to this application. Have you completed that worksheet?

<input type="radio"/> Yes	<input type="radio"/> No
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**Step 3:** Changes/3<sup>rd</sup> Party Vendors:

1) What is your department's current method of accepting payment cards and what changes do you want to make? For departments that are first time applicants, choose the method of processing that you will be using in the column on the left.

Current or New	<input type="text"/>	Changing To/Adding	<input type="text"/>
<input type="text"/>		<input type="text"/>	

2) Will a third party vendor be used to process payment card transactions?

☐ Yes

☐ No

<input type="text"/>
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**Note:** If approved, the vendor will be required to provide a letter certifying compliance with the [PCI DSS](#). Vendors should be on Visa's "[List of Compliant Service Providers](#)" and/or Visa's "[List of Validated Payment Applications](#)". The contract with third party vendors **must** be reviewed, *prior to submitting*, for the appropriate indemnification language and approved by FSU legal counsel. Attach it to this application along with other documentation.

**Step 4:** Department Contact Information:

Name:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>	State / Zip:	<input type="text"/>
E-mail:	<input type="text"/>				

**Step 5:** Certification (initial):

	I certify, to the best of my knowledge, that the information on this application and all related documents are true and accurate and I have read and understood <a href="#">FSU's Confidentiality Policy</a> and agree to comply fully with its content.
	I certify that I have received and reviewed a copy of the Payment Card Merchants Account Policy, and I agree to comply with the procedures listed within. I further agree to adhere to the <a href="#">University's Payment Card Policy</a> and related procedures.
	I certify that all employees who process and handle payment cardholder information will have a background check performed (if not done already and is still current) and will undergo required training. Changes in payment card processing personnel will be brought to the attention of the Controller's office via the <a href="#">Employee Change Form</a> .



**Step 6:**

Signature:

\_\_\_\_\_  
Signature of Department Head or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please complete this application and submit, along with all related documents, to:

Student Business Services  
1500 University Center A  
Tallahassee, FL 32306-2394  
Attn: Curt Caito

For assistance or questions, please contact Curt Caito, FSU Credit Card Manager at 850/644-9475 ([ccaito@fsu.edu](mailto:ccaito@fsu.edu).)

**Step 7:**

For Official Use Only:

Received by the University Controller's Office on: \_\_\_\_\_

\_\_\_\_\_  
Date

Approved

Not Approved

For reasons stated: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name