|  ***Credit Card Channel Request***

CSU Policy ICSUAM 6340 and Sacramento State Policy ADM-0117 require that the campus CFO or designee approve all physical locations, websites, 3rd party processors, or any channel accepting credit card payments by the university.

Please note that no funds should be collected until you have received notification from the Director of Bursar's Office that your department is approved.

Send completed form to Bursar's Office (Lassen Hall 1001, mail stop 6052) for review. Before your request is finalized, it will be necessary to complete a Sacramento State Credit Card Business Process Inventory form with the Information Security Office.

|  |  |
| --- | --- |
| **REQUESTOR INFORMATION** |  |
| **Division/Department Name:** |  |
| **Merchant ID:** |  |
| **Financial Account Location:**  *(University, Auxiliary Organization)* |  |
| **What is the Payment Channel? (Such as Mail order/telephone order, eCommerce, Card-present (face to face))** |  |
| **Business Unit Functional Contact** |  |
| **Functional Contact Title:** |  |
| **Functional Contact Telephone:** |  |
| **Responsible Administrator** |  |
| **Administrator Title:** |  |
| **Administrator Telephone:** |  |

DESCRIPTION OF REQUEST

Briefly describe why your business unit is requesting to accept credit cards through this channel, what are your customers obtaining with their credit cards, and what is your department’s role in the payment process:

*It is the responsibility of the Responsible Administrator to ensure compliance with the campus guidelines for accepting credit cards. Failure to comply with the university guidelines and requirements of the Payment Card Industry Data Security Standard will risk a department’s approval to accept credit card payments. Read the Sacramento State Credit Card Handling Security Standards compliance requirements and determine the department obligations*

Business Unit Functional Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Print Name Date

Responsible Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Print Name Date

Bursars Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Print Name Date

Approved Y/N \_\_\_\_\_\_\_\_\_\_\_\_

Business Unit Functional Contact:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_

Signature                          Print Name                                Date

Responsible Administrator:               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_

Signature                          Print Name                                Date

Bursars Office:                                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature                          Print Name                                Date

Approved Y/N \_\_\_\_\_\_\_\_\_\_\_\_