



Annual Credit Card Acceptance Acknowledgement

1.0 Purpose

This form is intended to identify departments and organizations affiliated with Sacramento State, that accept credit cards, and document their acceptance of the roles and responsibilities accorded to them by the Sacramento State Credit Card Procedures, and Sacramento State Credit Card Handling Security Standards. Information about PCI Compliance Documentation is housed at https://csus.servicenow.com/service/?id=kb_article&sys_id=3d057d61db9848d01c9913141b9619b1

Division/Department Name:	
Merchant ID:	
Financial Account Location: <i>(University, Auxiliary Organization)</i>	
Business Unit Functional Contact Name:	
Business Unit Functional Contact Name Title:	
Business Unit Functional Contact Name Telephone:	
Responsible Administrator Name (MPP):	
Responsible Administrator (MPP) Title:	
Responsible Administrator (MPP): Telephone:	

As noted in the Credit Card Procedures, Business Unit Responsible Administrators (MPP, Dean, or Executive Director Level) acknowledge their responsibility for the following:

<i>Initial here</i>	I acknowledge that all individuals with access to payment card data complete appropriate training, and acknowledge on an annual basis, in writing (<i>User Access Inventory form</i>), that they have read and understood relevant policies and procedures.
<i>Initial here</i>	I acknowledge that all individuals with access to payment card data maintain clear background check status. Some employees may have direct supervisors outside of the business unit for which they work. In this case, the Business Unit Responsible Administrator must work with the outside supervisor to ensure a clear background check status. Some employees may have been grandfathered in when background checks were not required. These employees may only have access to one card number at a time to facilitate a transaction.
<i>Initial here</i>	I acknowledge there is current documentation of Stateside or Auxiliary Organization departmental credit card handling procedures for each method, channel or business process where credit cards are accepted.
<i>Initial here</i>	I acknowledge I will participate in the annual PCI compliance assessment with information security, including providing up to date annual assessment documents and PCI certifications.
<i>Initial here</i>	I acknowledge I am responsible for identifying department credit card fees which will be charged to a Stateside PeopleSoft (CFS) or Auxiliary Organization general ledger account.
<i>Initial here</i>	I acknowledge that all payment card data collected by the relevant department in the course of performing University business, regardless of whether the data is stored physically or electronically, is secured according to the standard listed in the Sacramento State PCI Data Security Standard. https://csus.service-now.com/service/?id=kb_article&number=KB0011402
<i>Initial here</i>	I acknowledge that in the event of a suspected or confirmed loss of cardholder data, I will immediately notify the Information Security Office and the Bursar's Office. Details of any suspected or confirmed breach should not be disclosed in any email correspondence. After normal business hours, notify University Police at (916) 278-6851.

By signing this form, I acknowledge that I have read and understand the responsibilities of the division/department "Responsible Administrator" identified in the Credit Card Procedures, as well as the Credit Card Handling Standards. I understand that I am required to coordinate annual PCI training for all individuals with access to credit card systems and or data, and that any changes to the PCI infrastructure must be approved through the use of a CSU, Sacramento Channel Request Form.

Business Unit Functional Contact Signature

Date _____

Business Unit Responsible Administrator Signature

(MPP, Dean, or Executive Director Level)

Date _____