# CREDIT CARD ACCEPTANCE REQUEST FORM

For Southern Illinois University Carbondale Departments

| ☐ **New Merchant** | ☐ **Existing Merchant, New Payment Process/Application** |
|---|---|
| **Department Name:** | |
| **Contact Name:** | **Contact Email:** |
| **Phone Number:** | |

## TRANSACTION DETAILS

| **Projected Transactions per Month: Average Ticket amount:** | **Projected Annual Sales ($):** |
|---|---|

## CUSTOMER RECEIPT DETAILS

| **Business Name:** | **Phone Number:** |
|---|---|
| **Address:** | |

## PROCESSING DEVICE

| ☐ **Point Of Sale (POS) Terminal P2PE** <br><br> ☐ **Cellular Unit $19/mo.** <br><br> Terminals are provided through our Merchant Bank. Anticipate 6-8 weeks for setup and delivery. | ☐ **Third Party Cashiering System** <br><br> **Name of System:** | ☐ **eCommerce / Internet-based** <br><br> Including Virtual POS, website, or hosted payment solutions. Complete the eCommerce Details section <br><br> List the website where the redirect link to the payment page will be placed <br><br> URL:_____ |
|---|---|---|

## TRANSMISSION METHOD

| ☐ **Ethernet terminal / Cell Unit** <br> You will need a dedicated ethernet jack, and power outlet <br><br> *Used With:* <br> • *POS Terminal* <br> • *Cashiering System* | ☐ **Internet Connection** <br><br> Include a narrative description and a network diagram of the proposed setup <br><br> *Used With:* <br> • *Cashiering System* <br> • *eCommerce* | ☐ **Hosted by third party system** <br> List third party system used to process the transactions <br><br><br> *Used With:* <br> • *Cashiering System* <br> • *eCommerce* | ☐ **Not Applicable** <br><br> Reason: |
|---|---|---|---|

## ECOMMERCE DETAILS

| **Payment Application** | **Merchant Service Provider** | **Integration Method** |
|---|---|---|
| ☐ Virtual POS Terminal <br><br> ☐ University Managed Website <br><br> ☐ 3rd Party Hosted Payment Gateway <br><br> ☐ Other: | ☐ Authorize.net <br><br> ☐ NCR Magic Portal payment page <br><br> ☐ Other <br><br> *SIUC has a contract with Authorize.net and NCR as the Payment gateway. Include an explanation if you are unable to use Authorize.net or NCR.* | ☐ Direct Post / Simple <br><br> ☐ API / Programmatic <br><br> ☐ Gateway / Fully Hosted <br><br> *Select Direct Post if using Authorize.net or NCR, otherwise select the method your provider has recommended.* |

| PAYMENT APPLICATION | | | |
|---|---|---|---|
| **Do you plan to use a software program that transmits credit card information?**<br><br>☐ Yes<br><br>☐ No<br><br>☐ Not Applicable<br><br>*If yes, complete the Payment Application Checklist* | **Contract Required to be Signed?**<br><br>☐ Yes<br><br>☐ No<br><br>☐ Not Applicable<br><br>*If yes, attach a copy of contract. The standard PCI DSS contract addendum will be required in most cases.* | **Types of Credit Cards to Accept**<br><br>☐ Visa / MasterCard<br><br>☐ Discover<br><br>☐ American Express | **BP account to be Billed:**<br><br>_____<br><br>**Name of Account to be Billed:**<br><br>_____ |

## Standard Pricing

| | |
|---|---|
| POS Terminal | Around $300 for PAX A80, Around $600 for PAX A920 Cellular Unit + $19/mo. for |
| Per Transaction Cost | cell service 2.5% to 3% of Sale - average |
| Chargeback | $20.00 per incident |
| Rolls of Paper | Not included - Purchaced through Office Depot $16 for 50 rolls |
| Service Fee | Monthly Service Fee of $14.95 for security vendor services |

## Policies and Procedures

SIUC has established policies and procedures for any department accepting credit cards. These policies need to be read and signed by personnel who fall into one of the following categories:

- Has access to credit card data
- Fiscal Officer of account in which credit card payments are credited and/or their delegate
- Handles credit card payments as part of regular job duties

Training for PCI Compliance should be completed by all employees accepting credit cards.  For any operational questions, please contact Kevin Mayberry at 453-5228 or mayberry@siu.edu

| APPROVALS | |
|---|---|
| | |
| **Department Fiscal Officer** | **Date** |
| | |
| **Jill Kirkpatrick, Bursar** | **Date** |
| | |
| **Tina Galik, Assistant Treasurer (if required)** | **Date** |
| | |
| **Information Technology (if required)** | **Date** |