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| **The University of Akron**  Office of the Associate VP/Controller  Student Accounts/Bursar | **Credit Card Merchant Application** |

The University accepts VISA, MasterCard, and Discover. Acceptance of credit cards on campus are governed by university rule 3359-03-06 with additional handling procedures required before approval of your application. To establish a credit card (merchant) account to accept these payments, please provide the following information: **(All four sections must be entirely completed or the application will be returned).**

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| **Section 1: Department information** | | | | | | | This information will be used by the credit card processor to report errors or disputes. | | | | | | | | | | | | | | | | |
| Department Name or  originator of transactions | | | | |  | | | | | | | | | | | | |  | | | | | |
| Purpose | | | | |  | | | | | | | | | | | | |  | | | | | |
| Contact person | | | | |  | | | | | | | | | | | | |  | | | | | |
| Outlet address | | | | |  | | | | | | | | | | | | |  | | | | | |
| Phone number or campus extension | | | | |  | | | | | Fax | |  | | | | | |  | | | | | |
| Estimated volume | | | | |  | | | | | per | | day  week  month  year  total | | | | | | | | | | | |
| **Section 2: Type of agreement** | | | | | | | | | | | | | | | | | | | | | | |
| Type of business: | | | | | | | | | | | | | | | | | | | | | | |
| Retail | | | Do you require a new card swipe machine?  Yes  No | | | | | | | | | | | | | | | | | | | |
|  | | | A new machine has a one-time fee in the range of $650 - $750 per machine (subject to change). | | | | | | | | | | | | | | | | | | | |
| If the transaction is student related and will be applied to the student account, Student Accounts/Bursar must be contacted to review posting process. Payments may be posted manually by the Cashier’s Office, an external file layout may be created by a technical person to automatically post transactions to the student account, or the department may enter items as a departmental deposit as a group data entry transaction in PeopleSoft. Contact the Cashier Manager, Robyn Huth, at (330) 972-2195. | | | | | | | | | | | | | | | | | | | | | | |
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| **Internet** | | | Will there be an **E-market web site** developed for processing credit cards? | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | Will there be items purchased from this site which require charging sales tax? | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | Period of usage requested: | | | Ongoing | | | Estimated beginning date: | | | | | | | |  | | | | |  |
|  | | |  | | | Short term (enter estimated end date): | | | | | | | | | | |  | | | | |  |
|  | | |  | | | A Third-party contract is required (not using CASHNet) | | | | | | | | | | | | | | | |  |
| With internet (web) processing of credit cards, Student Accounts/Bursar must be contacted to setup proper connections/ security clearance to interface with the web. Our provider for this gateway connection is CASHNet. Contact Amelia Curry at (330) 972-6378.    ALL Third-party contracts must be approved by IT and PCI compliance confirmed annually with a SAS-70 report from the vendor. | | | | | | | | | | | | | | | | | | | | | | |
| The following personnel are authorized to have access to the E-market site: | | | | | | | | | | | | | | | | | | | | | | |
| Primary: | | |  | | | | | | | | Email: | |  | | | | | | | | |  |
| Other: | | |  | | | | | | | |  | |  | | | | | | | | |  |
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| **Section 3: Account for deposits and fees** | | | | | | | | | | | | | | | | | | | | | | | |
| Speedtype (6-digit account) and 4-digit revenue code to deposit money received: | | | | | | | | | | | | | | | | - | | | | |
| (Note: Revenue cannot be deposited to a 2-xxxxx speedtype. Contact the Controller’s Office at x2310 for questions on which speedtype to use.) | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4: Authorizations** | | | | | | |  | | | | | | | | | | | | | | | | |
| I have read university rule 3359-03-06 and Accepting Credit Cards Procedures & Guidelines and agree to their terms: | | | | | | | | | | | | | | | | | | | | | | | |
| Typed name and title: | | | |  | | | | | | | | | | | | | | | |  | | | |
| Signature of Department Head: | | | |  | | | | | | | | Date: | |  | | | | | |  | | | |
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|  | **Return completed form to the Associate VP/Controller zip +6205** | | | | | | | | | | | | | | | | | | | | | | |
| Office use ONLY | | | | | | | | | | | | | | | | | | | | | | | |
| SA/Bursar | |  | | | | | | Controller approval | | | | | | |  | | | | | | | | |