

UNT SYSTEM



Payment Card Merchant Feasibility Questionnaire

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Please answer all questions thoroughly and include as much information as possible. This questionnaire is essential for determining whether accepting credit cards will be feasible for your department. The questionnaire will also help identify what steps must be taken before determining a potential timetable for your implementation process.

Credit card merchants must comply with PCI DSS standards in order to adequately protect cardholder information. Each department will play a key role during the implementation process as well as any identified compliance requirements.

Depart	ment Name:				
	Doing Business As)*: ter/space max – must begin with In.)
Main I	Dept Designee:		Title:		
E-mail	:	Phone #:		Fax #:	
Design	ee Supervisor:		Title:		
Alterna	ate Dept Designee:		Title:		
E-mail	:	Phone #:			
Depart	ment IT Contact:		Title:		
E-mail	:	Phone #:			
	l Total Sales (est):\$ num Ticket Amount (est):\$ Deposits Chart of Accounts: Fees Chart of Accounts: What types of services will be pro Will this be a one-time or ongoin season, collected throughout the y	ovided (ie., con g payment (ie.	Average Tio	cket Amt (est , ticket sales, d during a spo	etc.)?
3.	How do you anticipate to process In person (card present) If you anticipate using web-based payment?	Mail/Phon	e/Fax O	nline	Mobile er access to make their

- 5. Will a website need to be created in order to receive credit card transactions?
- 6. If so, who has access to update the website above?
- 7. Provide a detailed outline, description or credit card data flow of your perceived process from payment acceptance to payment reconciliation if credit card acceptance is implemented.

Note: The reallocation of sales tax is the responsibility of the department.

8. Please provide any additional details that will explain your proposed credit card acceptance process.

By signing this form, I understand my role as outlined in the University's policy and procedures for Accepting Credit Cards and accept the responsibility of that role. Additionally, I recognize that the liability for a breach is accepted by the merchant department should a breach occur due to negligence of the department to adhere to the University's policy and established procedures.

Department Ac	count Holder Name	Signature	Date
Dean/Director/Cha	ir/Department Head Name	Signature	Date
Received by APU: Date:		Diffice use only Date Sent to Merchant Bank:	
Merchant ID:			