

# ***UO Third Party Credit Card Processing Request***

Business Affairs evaluates third party card processing for compliance with Payment Card Industry (PCI) compliance and compliance with state rules for handling of public funds.

## **1. Third Party Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Website URL: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

## **2. Processing Method**

- Card present       Card not present (internet)

Describe processing method including the make and model of any hardware, and name and version number of any software:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **3. Flow of Cardholder Data**

Describe or illustrate the flow of cardholder data from the point of interaction to the processor. Include all systems involved and indicate which organization is responsible for maintaining them. Identify any independent 'nested' service providers involved. Attach a separate page if the space provided is inadequate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Flow of Funds.**

Describe the flow of funds for a single transaction. Indicate the maximum elapsed time from payment to university receipt of funds.

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If E-check transactions will be processed they must post to university and customer bank accounts on the effective date of the transaction, e.g., the transaction must credit the university account on the same day that it debits a customer's account. If applicable; describe how your solution will meet this requirement.

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**5. Merchant ID**

Credit card sales will

- Be deposited directly into a university merchant account (MID). The university is the merchant of record, responsible for the security of cardholder data.
- Be deposited directly into the vendor's MID. The vendor is the merchant of record, responsible for the security of cardholder data.

Your company is certified to process directly with:

- Elavon and/or
- TSYS

Your company uses the following payment gateway,

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**Note:** The card brands and the university's merchant bank require unique merchant IDs for:

- a) Each physical address
- b) Internet transactions
- c) Point of Sale (POS) or card present transactions
- d) Mail Order/Telephone Order transactions (MO/TO) if over 20% of all transactions.
- e) Each Merchant Category Code (MCC)

**6. PCI Compliance**

Check all certifications that apply:

- Level 1 Service Provider listed on the [Visa Global Registry of Service Providers](#).
- Level 2 Service Provider with Report on Compliance (ROC) or Attestation of Compliance (AOC).

Qualified Security Assesor (QSA): \_\_\_\_\_

Date of most recent assessment: \_\_\_\_\_

- Payment application listed on [PCI Standards Council List of Validated Payment Applications](#).
- Payment application that is integrated with a validated P2PE solution.

Validated P2PE solution \_\_\_\_\_

- Point-to-Point Encryption (P2PE) solution listed on the [PCI Standards Council site](#).
- Point of Interaction (POI) device that is PIN Transaction Security (PTS) approved on the [PCI Standards Council's list of Approved PTS Devices](#)

Per PCI DSS requirement 12.8.5 please indicate which party is responsible for each of the following PCI requirements:

Vendor UO Shared

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Install and maintain a firewall configuration to protect cardholder data               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do not use vendor-supplied defaults for system passwords and other security parameters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Protect stored cardholder data   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Encrypt transmission of cardholder data across open, public networks                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Use and regularly update anti-virus software or programs                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Develop and maintain secure systems and applications                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Restrict access to cardholder data by business need to know                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Assign a unique ID to each person with computer access                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Restrict physical access to cardholder data  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Track and monitor all access to network resources and cardholder data                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Regularly test security systems and processes   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Maintain a policy that addresses information security for all personnel               |

**Note:** The University's [standard terms and conditions](#) contain provisions for PCI compliance and security of customer card data.

### 7. Third Party Vendor Fees

The university does not allow any organization to debit its bank accounts by ACH for fees.

- Checking this box indicates that you or another organization working on your behalf will invoice the university for fees associated with the services you provide.

List all parties involved in the fee process, fee amounts, and how the fees will be collected:

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### 8. Certification

By signing this document, you certify that your answers are complete and correct to the best of your knowledge, and accurately reflect your organization's actual practices, policies, and procedures.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_