OUHSC Bursar's Office

Merchant Agreement

The University is subject to terms and conditions regarding the acceptance of credit cards, known as Payment Card Industry Data Security Standard, (PCI DSS Compliance).

The Merchant must comply with the PCI DSS with the understanding that failing to comply can subject the University to substantial penalties and legal liability as well as eliminate the University's ability to accept credit cards.

By completing and submitting this document we are agreeing to the following:

Merchant will know and understand what PCI DSS requirements apply to their merchant account.

Merchant will comply with all the applicable PCI DSS requirements.

Merchant will consult with the Office of the Bursar prior to adding/modifying any credit card vendor(s) and/or enviroment(s).

Merchant will immediately notify the Office of the Bursar of any suspected breach of its systems or of the credit card process whether internal or external to the University.

Merchant will be responsible for any and all costs associated with the breach regardless of the location of the breach (e.g. whether internal or through the third-party vendor).

Merchant understands that the Office of the Bursar may suspend and or terminate the Merchant's ability to accept credit transactions at any time.

Merchant understands that products approved by the Bursar's office are approved only for the collection of credit card data for the purpose of receiving payments. The collection of any other sensitive data types with these products is NOT approved. Sensitive data types include but is not limited to information such as PHI, FERPA, and GLBA data. **Do NOT use for patient data, including demographics.**

Merchant must notify the Office of the Bursar of any changes in sponsor or point of contact personnel involved in handling, processing, and transmitting credit card information.

Merchant will support and respond to the annual PCI DSS risk assessment - Self Assessment Questionnaire(s) in an accurate and timely manner.

Merchant will be responsible for complying with required annual PCI training.

OUHSC Bursar's Office
Merchant Application

Requesting Department

Date:	
Requestor Name/Title:	
Department Name:	
Tier 1/Departmental IT Contact:	
Business Administrator/Manager:	

Type of Payment Activity

Description of products/services sold:	
Estimated Annual Volume:	$
Estimated Average Transaction Amount:	$

Payment Method	Face to Face	Yes	No	Online	Yes	No

Will a third party service provider be used? If yes, please identify service provider. (Ex: TouchNet, IDX Partner, or Other)	Y or N	

Possible Data Interactions
If you answer yes to the following questions, please provide an explanation.

Will you receive credit card information through the mail?	Y or N	Explain:
Will you take credit card information over the phone?	Y or N	Explain:
Do you plan to store credit card data in a hard copy format?	Y or N	Explain:
Do you plan to store a digital copy of credit card data? (Ex: Excel Spreadsheet, Thumb Drive, etc)	Y or N	Explain:
Do you plan to physically transport credit card data in any way?	Y or N	Explain:
Will you be collecting patient information, including demographics?	Y or N	Explain:
Do you plan to electronically send credit card data in any way?	Y or N	Explain:

Merchant Information

Merchant Name (DBA): This is the name that will appear on the cardholder's statement. Maximum 24 characters, including the OUHSC-.

OUHSC-

Merchant Contact Information:	Name:		Phone:
	Email Address:		
Physical Address:	Street:		
	City:	State:	Zip Code:

Accounting Information

Chartfield Spread for paying credit card fees:	BusUnit	Fund	Org	Function	Entity	Source	Proj	Purpose

Chartfield Spread for depositing credit card revenue:	BusUnit/GL Code	Fund	Org	Function	Entity	Source	Proj	Purpose

Person Responsible for Reconciliation:	Name:		Phone:
	Email Address:		

Staff Interacting With Cardholder Data		
Name	**HR #**	**SA #**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Submit completed form to:
AcceptCreditCards@ouhsc.edu

For Office Use Only					
Application Received:					
Discover ID:		Requested:		Received:	
Visa/Mastercard ID:		Requested:		Received:	
TID:					
MID:					
DID:					