Merchant Account Request Form

ORGANIZATION INFORMATION

Please use this section to define your organization and address information.

Organization Name: ________________________________

Address Line 1: ______________________________________

Address Line 2: ______________________________________

City: ______________________________________

State: ______________________________________

Country: ______________________________________

Zip/Postal Code: ______________________

Mail Code: ______________________

BUSINESS DESCRIPTION

Please explain your business’ role in the payment flow. How and in what capacity does your business store, process and/or transmit cardholder data?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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_____________________________________________________________________________

PCI/MERCHANT ACCOUNT CONTACT INFORMATION

Please enter information on the employee designated as your primary contact.

Name: ______________________________________

Title: ______________________________________

Email: ______________________________________

Phone: ______________________________________

Questions? Please Contact Dawn MacAdams-Mull
dawnmac@upenn.edu 215-746-6369

Send Signed Hard Copy to:
Director of PCI Compliance
3451 Walnut Street FB 737
Philadelphia PA 19104/6205
Attn: Dawn MacAdams-Mull
**Transactional Volume**

Approximately how many payment card transactions will you execute in a calendar year? 

What is the approximate dollar volume that will be executed in a calendar year?

**Accepted Payment Cards**

Which of the following payment cards will be accepted as payment (check all that apply)?

- □ Visa/MasterCard
- □ American Express
- □ Discover

**Cardholder Transactions**

How will customers conduct their debit/credit card payments?

- □ Through **Card Present Technologies** such as payment kiosks, cashier stations or terminals.
- □ At an **Online (eCommerce) Payment Page** (see section A)
- □ Over the **Telephone** (see section B)
- □ Through **Mail Order** (see section C)

Is cardholder data written down on paper as part of the payment process?

If YES, EXPLAIN WHY:

**RELATIONSHIP TO CARDHOLDER DATA**

**SECTION A: Ecommerce Environment**

Which of the following describes the eCommerce environment used by your organization (check all that apply)?

- □ Our eCommerce user shopping experience is conducted entirely on a third-party website.
- □ Our website handles all aspects of the user shopping experience, including payment.
- □ Some of the user shopping experience is handled by our organization and some is handled by a third party.

Are there any other third-party service providers interacting with card data in your environment?

- □ Yes
- □ No

If YES, please define all other service providers in your environment:

WEBSITE URL:
SECTION B: Telephone Order Transactions

How does your organization process telephone orders?

☐ The customer is connected to an employee of our organization who processes the transaction.
☐ The customer is connected to a third party agent or call center who processes the transaction.
☐ The customer is connected to an automated call attendant who processes the transaction.

What type of payment solution does your cashier use to complete the telephone transaction?

☐ The cashier manually keys the card information using a card swipe terminal.
☐ The cashier types the card data into a virtual terminal or virtual application.

SECTION C: Mail Order Transactions

How does your organization process mail orders?

☐ The customer fills out a paper form and mails it to us for processing. An internal cashier or employee then processes the card information for payment.
☐ The customer fills out a paper form and mails it to a lockbox or other third party processor.

What type of payment solution does your cashier use to complete the mail transaction?

☐ The cashier manually keys the card information using a card swipe terminal.
☐ The cashier types the card data into a virtual terminal or virtual application.

ACCOUNTING INFORMATION

BEN Financials Account for Revenue: ______-____-____-____-____-____-____-____-____-____-

BEN Financials Account for Expense: ______-____-____-____-____-____-____-____-5 3 2 4-____-____-

Please Review and Sign

PLEASE NOTE: Completed request form takes approximately 4 weeks to process.

I understand that a monthly credit card reconciliation must be completed and that failure to follow policies and procedures concerning access to personal, proprietary and the management of merchant accounts otherwise confidential data may result in sanctions and disciplinary action up to and including termination of employment at the University of Pennsylvania.

Account Manager: ____________________________
Signature: ____________________________ Date: ____________________________

School/Center Senior Business Officer: ____________________________
Signature: ____________________________ Date: ____________________________
**ACCOUNT USER LISTING**

For anyone taking credit card transactions within your school/center, please fill out their name, email and Penn ID in the section below.

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Please review the Credit Card Sales Policy at the link below:


Once this form is received by the Treasurer’s Office, you will receive a user name and password for CoalfireOne at [www.coalfire.com](http://www.coalfire.com) where you will need to go in and fill out a PCI-DSS SAQ (Self-Assessment Questionnaire) before the merchant account is opened.

**The PCI Security Standards**

Maintaining payment security is required for all entities that store, process or transmit cardholder data. Guidance for maintaining payment security is provided in PCI security standards. These set the technical and operational requirements for organizations accepting or processing payment transactions, and for software developers and manufacturers of applications and devices used in those transactions.

If you accept or process payment cards, the PCI Data Security Standards apply to you.

Please visit [https://www.pcisecuritystandards.org/](https://www.pcisecuritystandards.org/) for more information regarding PCI DSS.

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**TREASURER’S OFFICE USE ONLY**

MERCHANT ACCOUNT NUMBER ASSIGNED: ____________________________

CYBERSOURCE ACCOUNT NUMBER ASSIGNED: ____________________________

DATE RECEIVED: ____________  SAQ VALUE TYPE: ____________  SAQ COMPLETED: ____________