**University of California Riverside   
Annual Credit Card Merchant Agreement**

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| **Department Contact (Campus Credit Card Merchant)** | | | | | | | |
| Dept. Name: | | Click here to enter Dept Name. | | | | | |
| Contact Name: | | Click here to enter main contact for Dept. merchant account. | | | | | |
| Contact Email: | | Click here to enter Email address for contact. | | | | | |
| Contact Phone: | | Click here to enter Phone number for contact. | | | | | |
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| **Merchant Locations and Type** (list all for which you have primary responsibility within listed Dept.) | | | | | | | |
| **Location** | | | **Type** | | **Latest SAQ Type** | | **Date of Last SAQ** |
| Location #1 | | | Type of Processing Environment | | SAQ | | Date |
| Location #2 | | | Type of Processing Environment | | SAQ | | Date |
| Location #3 | | | Type of Processing Environment | | SAQ | | Date |
|  | | | | | | | |
| **Acknowledgements** | | | | | | | |
| There are risks and costs associated with accepting credit card payments. **By signing this form** as Department Head and as Organizational CFAO, we each agree to comply with University policy by implementing proper security and controls when processing credit card transactions by ensuring the following: | | | | | | | |
|  | Completion of the annual Payment Card Industry (PCI) Data Security Standards (DSS) validation process Self-Assessment Questionnaire (SAQ) | | | | | | |
|  | Understanding that PCI DSS compliance is an on-going, year-round activity and department resources are appropriately dedicated to this responsibility. | | | | | | |
|  | Compliance with UC Policy for Cash and Cash Equivalents Received (BUS-49) | | | | | | |
|  | Completion of PCI training for all departmental staff as outlined in the PCI DSS | | | | | | |
|  | Communication of expectations to our departmental staff regarding adherence to credit card association and issuer rules and regulations. | | | | | | |
|  | Communication of any *suspected* credit card security breach to the Campus Credit Card Coordinator immediately. | | | | | | |
|  | Coordination with the Campus Credit Card Coordinator prior to changes in the business process and/or credit card data environment. | | | | | | |
|  | In addition, we understand that:   * Failure to comply with the above may result in suspension or termination of our merchant id(s). * Suspected breaches may result in the suspension of our merchant id(s) by the merchant bank and/or the University. * All costs associated with the acceptance of credit card payments at our merchant locations, including the costs associated with a real or suspected breach, are our responsibility. | | | | | | |
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| **Department Head Approval** | | | | | | | | |
| **Department Head Name** | | | | **Department Head Signature** | | **Date** | | |
| Enter Dept. Head Name | | | |  | |  | | |

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| **Organizational Approval** | | |
| **Organizational CFAO Name** | **Organizational CFAO Signature** | **Date** |
| Enter CFAO Name |  |  |

**For Campus Credit Card Coordinator Use Only**

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| **Date Received** | **Campus Credit Card Coordinator Signature** | **Date** |
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