RADFORD UNIVERSITY

Request to Accept Payment Cards

New   Change in method

Date: _____

Department: _____

Campus P.O. Box: _____

Physical Location: _____

Contact Person: _____   Phone #: _____

E-Mail Address: _____   Fax #: _____

FOAP Code for deposits: _____

FOAP Code for
fees/chargebacks: ————————————————

For Controller's Office Use Only	
Merchant ID (s):	
MC/VISA:	MID:
AMEX:	TID:
Discover:	DID:
ID(s) Received on:	
Date Submitted to Department:	

_____

Which payment cards (PCards) will be accepted?   MasterCard   VISA   Discover   American Express

Anticipated frequency with which the department will be accepting PCard information:

Annually   Monthly   Weekly   Daily   One-time   Other

If other, please describe:

Projected # of PCard transactions per month: _____   Projected average PCard transaction amount: _____

Projected monthly PCard dollar volume: _____   Projected yearly PCard dollar volume: _____

Describe department goods/services
offered and reason for accepting PCards:

Customer(s) paying by PCard: Students   Parents   Faculty/Staff   Public   Other

If other, please describe:

Have fees/amounts being charged been approved according to the University Fee Policy?:   Yes   No

Method to obtain payment card information:
*(*please note departments are not authorized to
collect PCard information via e-mail)*   In-person   Telephone   Website   Mail   Other

If other, please describe:

Physical location(s) where PCard
information will be collected/processed:

Departmental Request to Accept Payment Cards

Anticipated number of stand-alone, dial out terminals necessary: _____

Describe/list the proposed hardware/software to be used in processing PCard information:

List of staff who will be processing PCard information:

The primary contact and the department head have read and understand the requirements of the University Fee Policy, the Funds Handling Policy, and the Payment Cards Policy:

Yes   No

Department Head Authorization

Name: _____

Title: _____

Signature: _____   **Date:** _____

Controller's Office Use Only

PCI Committee Approval: Yes   No   **Date:** _____

Final Approval Signatures

PCI Coordinator Approval: _____   **Date:** _____

Controller Approval: _____   **Date:** _____

Internal Comments (if necessary)