

APPENDIX A
Harvard University
New Credit Card Merchant Account Request

<p>Purpose of the credit card merchant account <i>Brief description of the goods or services for which you want to accept credit cards</i></p>	
<p>Estimated annual activity volume <i>Include both numbers of transactions and total dollar value</i></p>	
<p>Business Case <i>A business case for why you need to accept credit cards. Please include who your customers are and the impact to your organization if you can't accept credit cards. Also describe any challenges you have with your current method of accepting payments.</i></p>	
<p>The target date for setup</p>	
<p>The name of the new account <i>This is the name that will appear on the customers credit card statement</i></p>	
<p>The Tub and Org <i>where credit card transactions should be posted in the general ledger</i></p>	
<p>Clientele, who will be the customers? <i>E.g., students, General population, Alumni etc</i></p>	
<p>What type of credit cards do you wish to process? <i>E.g. MC/Visa, Amex, Discover</i></p>	
<p>How will credit cards be accepted? <i>Please check all methods of acceptance.</i></p>	<p><input type="checkbox"/> Card Present</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Web</p>
<p><u>FOR THE FOLLOWING SECTIONS ONLY FILL OUT THOSE THAT APPLY TO YOUR METHOD OF ACCEPTANCE</u></p>	
<p>If web based, what software will be used to accept the credit cards?</p>	<p><input type="checkbox"/> Locally Developed application using HOP</p> <p><input type="checkbox"/> Off the shelf software</p> <p><input type="checkbox"/> Solution hosted by Certified PCI compliant Service Provider</p>
<p>If terminals will be used, enter equipment information</p> <p><i>Contact Cash Management for additional information on options available.</i></p>	<p>Terminal type and quantity</p> <p>Printer type and quantity</p> <p>Pin pad type and quantity</p> <p>Whether Lease, rent or purchase (Leasing recommended)</p> <p>Address where equipment is to be shipped:</p>

If Point of Sale System (POS) to be used:	Name of POS application Name and version of POS Software Whether authorizations will be done via Dial-up or Internet Where the POS application will be hosted Whether Wireless technology will be used.
ALL MERCHANTS MUST PROVIDE CONTACT INFORMATION	
Contact Information	(Name, address, Phone and Email) for:
Business owner <i>(This is generally the head of a department or unit. All communications regarding compliance will go to this individual.)</i>	
Primary Business Contact <i>(This is the contact for day to day operational issues).</i>	
Alternate Business Contact <i>(Used when the Primary Contact is unavailable)</i>	
Person responsible for posting the credit card activities and resolving reconciliation issues.	
If applicable, IT person responsible for compliance testing or technical support .	

Merchant:

My signature below indicates that I have reviewed the Harvard Credit Card Merchant Handbook and the PCI Data Security Standard. I understand the responsibilities of a credit card merchant

Requested (Business Owner) _____

CIO:

*[The School CIO of school units or the University Chief Information Officer for Central Administration and Affiliate Organizations must sign all request except for merchants **only** using dial-up terminals)*

- My signature below indicates that I have reviewed the Harvard Credit Card Merchant Handbook and the PCI Data Security Standard. I understand the technical responsibilities for maintaining a secure credit card environment.
- My signature below indicates I am aware of the application but it is being hosted by an external service provider.

(Chief Information Officer) _____

Financial Dean:

My Signature bellows indicates that I approve this request and understand the obligations of adding an additional credit card merchant.

(Financial Dean) _____