



Merchant Establishment Form

Instructions: This form is required to obtain authorization to process payment cards as a merchant on behalf of Old Dominion University. Please complete, sign, and submit this form electronically with any attachments to the **Office of Finance PCI mailbox: PCI@odu.edu**

Department:	Today's Date:
Requester:	Desired Go Live Date:
Position/Title:	Department Budget Unit Director Name (BUD):
Email Address:	
Phone Number:	BUD Email:
	BUD Phone Number:

Physical Department Address:

Street:

City:	State:	Zip Code + 4 (If on-campus, use 23529-1000):
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Overall Purpose

Describe the reason your department would like to process payment cards.

Check all that apply and provide additional information:

- Event/Conference Registrations - Event Name:
Date of the Event(s):
Will this event be overseen/managed by University staff?
- Membership Fees - Type:
- Services - Describe:
- Merchandise - Describe:
- Other - Explain:

How will the ability to accept payment cards benefit Old Dominion University economically and/or in achieving its overall mission?

Who will your customers be or what is your targeted market?

Check all that apply:

Notes:

- Students
- Faculty/Staff
- Alumni
- General Public
- Other

Specify:

Will any money be collected as gifts/donations to the University or other organizations?

YES NO

Frequency

How often will your department accept payment cards?

Check all that apply and provide additional information:

- One-time Date(s):
- Recurring Frequency: Annually Semi-Annually Monthly _____
 Dates of recurrence: _____ Until (if end date): _____
- Ongoing Until (if end date): _____
 Is a peak period of activity expected? YES NO
 If so, when? Semester start Other: _____
- Other Specify: _____

Volume

What is the anticipated volume of sales?

Annual dollar amount: _____ Annual # of transactions: _____
 Average dollar amount per transaction: _____
 Other comments about volume of sales: _____

Administrative

Where will payments be deposited?

Organization Code: _____ Account Code: _____

Please list any additional information, needs, concerns, etc:

University Budget Officer Approval (if needed for Org/Acct establishment):

Signature: _____ Date: _____

Department BUD Approval:

I confirm that I understand the risks and responsibilities associated with accepting and handling payment cards on behalf of Old Dominion University. I acknowledge that products, fees, and/or services the department is engaged in selling are in full compliance with Old Dominion University's Policies and Procedures. I am aware that there are monthly bank fees associated with the merchant account and credit card terminals. By signing this document, I acknowledge and accept responsibility for the management of the account and all that it entails.

Budget Unit Director:

Signature: _____ Date: _____

Associate Vice President for Academic Affairs *if required*

Signature: _____ Date: _____

Office of Finance Use Only:

Approved Declined

Notes:

Signature: _____ Date: _____
 Assistant Vice President for Finance/University Controller

PCI Compliance Specialist/Office of Finance Use Only:

PCI Compliance Training on CampusGuard completed? YES NO

There should be signed agreements and training completed for a minimum of 2 PCI Agents per merchant account.

Process to establish Merchant ID initiated? YES NO

Signature: _____ Date: _____