

Merchant ID Request Form

Instructions: This form is required to obtain Merchant ID number after you complete a Merchant Establishment form to establish authorization to process payment cards as a merchant. Please complete, sign, and submit this form electronically with any attachments to the **Office of Finance: PCI@odu.edu**

Department:	Today's Date:
Requester:	Desired Go Live Date:

Merchant Description

Merchant Account Name (22 characters max.):

Full Description:

Type of Processing

What method does your department desire to use to process payment cards?

Check all that apply:

Online Website URL of launch page:

Payment How many terminals will your department be purchasing?

Card Terminal Terminal costs and monthly fees are the responsibility of the requesting department. Payment

card terminals must be ordered through the Office of Finance.

Campus location of terminal(s): Bldg/Room #:

How will payment cards be accepted?

Check all that apply:

Payment Card Terminal By Fax In person
Online via Other Provider - By Mail By phone

Provider Name:

Online via TouchNet/uStore Site

Person responsible for maintaining uStore:

Note: A uStore site allows a site manager to create stores and product pages with a shopping cart checkout feature, all on a secure platform. ***uStores must employ the CAPTCHA setting within all products for added security. Ensure the CAPTCHA setting is set to "Yes" on all products in your store.

Online via TouchNet/uPay Site

Note: The uPay site is built to connect with an exisiting web application that allows the payment information and transaction to take place on a secure platform.

If using TouchNet, you must include a completed User Request Form found at:

https://www.odu.edu/finance/controller-s-office/credit-card-processingrules

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Are you selling taxable products	? YES	NO							
***Old Dominion University is exem	npt from paying	Virginia Sale	es Tax or	n purchas	es. Howe	ver, it is N	IOT EXEMPT FROM		
COLLECTING TAX on sales mad	e by the Univer	sity. When	a depart	ment sel	ls tangible	personal	property, the		
department is responsible for collect	cting the sales to	ax, unless pr	oof of ta	x exemp	tion is obta	ained. Sa	les tax exemptions		
certificates should be kep	t on the file by	the selling c	lepartme	ent follov	ving the re	tention s	chedule.		
Are you shipping products?	YES	NO							
***Each uStore's shipping class			ido a mai	ilad daliv	ory motho	d with "S	hinning Address		
Lacif dotore 3 shipping class		equired" en		ned deliv	ery metho	u with 3	hipping Address		
		Securit							
Enter the employee name(s) and jo	b titles who wil		<u>*</u>	ent card i	informatio	n in vour	department.		
Enter the employee name(s) and job titles who will be handling payment card information in your department. NOTE: These responsibilities should be limitied as much as possible, preferably to 3-5 people.									
Name		Job Title	, , ,	,	UIN		Student Worker?		
							YES		
							YES		
							YES		
							YES		
							YES		
	Depa	rtment Ap	proval:						
		ed. By signir	ng this do	cument, I a	acknowledg	•	,		
Budget Unit Director:									
Signature:	Date:								
Provost of Academic Affairs If applied	cable								
Signature:				Dat	te:				
	DCI Compli	anco Snoc	ialist He	o Oply					
Has Merchant been approved by	Office of Fina	<u> </u>	YES	•	NO				
Has Merchant been approved by						YES	NO		
Has ITS been notified? YES			14113. (11	Гаррпса		. 20			
Signed confidentiality forms and		ceived:	YES	S	NO				
Selling taxable items? YES	•								
Third Party Software is PCI appro	ved vendor?	YES		NO					
TouchNet User Request Form pre		YES	NO						
Signature:	<u>'</u>					Date:			
	e	A	<u> </u>	•					
Marchant ID# (Visa Mastargard		Accountin	g Super	visor:					
Merchant ID# (Visa, Mastercard,	Discover):								
Datawire Device ID:									
Terminal ID:									
Date Activated:									
Signature:	Date:								

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