



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):

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:*

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> One-time | Date(s): | | |
| <input type="checkbox"/> Recurring | Frequency: | <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually |
| | | <input type="checkbox"/> Monthly | <input type="checkbox"/> _____ |
| | Dates of recurrence: | Until (if end date): | |
| <input type="checkbox"/> Ongoing | Until (if end date): | | |
| | Is a peak period of activity expected? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If so, when? | <input type="checkbox"/> Semester start | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 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:

Training & PCI Security & Confidentiality Agreements sent? 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: _____