

## New Credit Card Merchant Request Questionnaire- updated April 2024

Complete questionnaire and submit to Finance along with your Business Plan to: [compliance@sandiego.edu](mailto:compliance@sandiego.edu)

**1 Department Name:**

Workday Worktags

(Cost Center, Gift, Grant etc.)

Revenue Description  
(Describe the Event, Service, Product, etc.)

**2 Proposed credit card payments for:**

Existing WD Revenue\_ Code

New WD Revenue\_ Code

**3 Indicate importance of credit card capability to the success of revenue generation (check all that apply)**

Necessary  More Convenient  Customer Requests

**4 Will credit card payments be seasonal?**

Yes  No

Comment

**5 What is the anticipated monthly and annual volumes in dollars and transactions**

Monthly \$ Volume  Annual \$ Volume

Monthly Transaction Volume  Annual Transaction Volume

**6 Will both the credit card and cardholder be present at the time of the credit card processing?**

Yes  No  Not always

**7 Do you wish to offer online payment capability?**

Yes  No

**8 Do you wish to integrate credit card payment capability with online registration, data collection, application or other management system?**

Yes  No

If Yes, please describe

**9 Will your department staff be required to process credit card payments on behalf of payers?**

Yes  No

If Yes, please describe

I have read all of the PCI compliance documentation, and the business plan being submitted complies with the Credit Card Merchant Operational Procedures and Information Security Requirements AND I have reviewed and agree to be bound by the Merchant Account Fees associated with credit card capability.

**10**

Authorized Signer

Operational Staff

**11 I have reviewed and understand the Merchant Account Fees associated with credit card capability**

Authorized Signer

Operational Staff

**12 Workday worktags to which fees should be charged:**

Cost Center

If applicable: Gift, Grant, Project etc.

Spend Category  Credit Card Fees

If applicable: Cost Tag

### Department Authorization

I am an authorized signer for the Cost Center above, and I authorize the implementation of credit card payment capabilities, and accept the associated credit card fees.

Authorized Signer

Printed Name

email

Operational Staff

Printed Name

email

**Note:** Upon submission of Business Plan you will be contacted by Finance for implementation of the appropriate credit card process.