

New Credit Card Merchant Request Questionnaire- updated April 2024

Complete questionnaire and submit to Finance along with your Business Plan to :

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.