McMaster University

Payment Card Merchant Number Approval Form

☐ Current Merchant seeking re-approval (due to process changes)

19Dec13

SECTION ONE : REQUEST

Department Name _____

Chartfield String: (for Income) _____

(for banking fees) _____ - 750002

☐ Appropriate sections of PCI self assessment questionaire attached

Department Contact

Name _____

Extension _____

email _____

Application Type   ☐ Point Of Sale   ☐ Virtual Terminal   ☐ eCommerce (full url) _____

Department Account Signing Authority

Name _____

Signature _____   Date _____

Title _____

For eCommerce requests: Submit this form to UTS BSB 205. Arragements for a vulnerability scan will be made.
For other requests: Submit this form to Financial Services, DTC414.

SECTION TWO: APPROVALS

Part One: eCommerce requests
(For UTS use only)

An initial Vulnerability scan has been performed and reviewed with the department's system admnistrator. Development of the eCommerce process is progressing in accordance to security and PCI requirements.

UTS Security	Signature	Title	Date

Upon completion, foward to Financial Services, DTC 414

Part Two: All requests   (For Financial Services use only)

Merchant Number Assigned : _____

Financial Services	Signature	Title	Date

Upon completion, foward to requesting department and a copy to Internal Audit, DTC.

SECTION THREE: GO-LIVE SIGN OFF

For eCommerce requests: Contact UTS, BSB 205 for another Vulnerability scan to be performed.

☐ Successful Vulnerability scan summary attached

The undersigned acknowledges that the use of this merchant number and assoicated processes will be conducted according to policy and that systems, software and business processes will be audited on a periodic basis. Non-compliance to the policy may result in suspension of the merchant number.

Account Signing Authority Signature	Printed Name	Date

Return the completed form to Financial Services, DTC 414