

UNIVERSITY OF TEXAS AT DALLAS
APPLICATION TO BECOME A MERCHANT DEPARTMENT

Please complete the application online then print for signatures. Hand written forms can be difficult to read and could cause a delay in processing.

Application Submission Date:

Name:

Title:

Department:

School/Division:

Email:

Extension:

Fax:

- 1. Describe the goods and/or services for which you will receive payments. Please be specific:**
- 2. Is this an existing or new source of revenue?**
- 3. Provide the Account/Subcode where funds will be deposited:**
- 4. Explain why your department wants to accept credit card payments.**
- 5. What economic benefits do you expect to gain by accepting credit cards? Please quantify and/or provide additional documentation to support this application.**

6. Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity? Provide detailed timeframes.

7. What other methods of payment do you anticipate accepting for this specific purpose? (Check all that apply ~ double click on box to check)

Credit Card/Electronic Payments Electronic Checks Cash/Paper Checks

8. How do you plan to process these payments?

In-person (card present) Internet Phone/Fax order*

If Phone/Fax order, please explain:

**Note: For security reasons, faxes must be secured. Revenue collection arrangements that require payees to enter credit card numbers on preprinted order forms which are then mailed to a UTD department are not allowed. Credit card data should never be transmitted via email correspondence.*

9. Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:

In-person	\$	# of transactions
Internet	\$	# of transactions
Phone/fax order	\$	# of transactions

10. Who will be the Merchant Department Representative (MDR)? The MDR, as referenced in the UTD Policy for Accepting Credit Card and electronic payments, is responsible for managing credit card and/or electronic payment transaction processing. Include name, job title and phone extension and describe duties.

11. Please identify and alternate MDR and any additional staff who will be involved in processing credit card payments. Include name, job title and phone extension and describe duties.

Web Based Storefront:

12. If you are planning to accept credit card payments via the Internet, do you have a Marketplace website?

If so, please provide the URL:

13. If you are requesting a Marketplace website, please answer the following:

- **Storefront Name:**
- **Primary Fulfiller (Merchant Department Representative):**
(Contact who can answer customer questions and resolve credit card discrepancies)
- **Backup Fulfiller:**
- **What information do you need to collect from each customer?**
(Name, Address, and Email are collected by default)
- **Do you have a description and images for each product?**
- **Do you have prices for each product?**

14. Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities.

Request for Alternate Vendors:

15. Please provide details of business case and specific processing requirements that necessitate the use of an alternate vendor (attach a separate sheet if you need more space).

Card Acceptance Guide and Operating Regulations and Rules:

- 16. Have you obtained copies of the applicable Card Acceptance Guide(s) and Operating Regulations and Rules as referenced in the UTD Policy for Accepting Credit Card and Electronic Payments?**
- 17. Have all staff who will be involved in processing credit card payments been made aware of and have access to these documents?**

Signatures:

Names: _____

Signatures: _____
Merchant Dept Representative Department Head

By signing this form, the Merchant Department Representative acknowledges that he/she understands his/her role as outlined in the “UTD Policy for Accepting Credit Card and electronic payments” and accepts the responsibility of that role.

By signing this form, the Department Head approves of the business case presented for the department to become a Merchant Department, the information provided and the designated Merchant Department Representative.

Please submit completed form to the Treasury Manager via campus mail: Administration Building, AD37.

Reviewed By: _____ Date: _____
Treasury Manager

Approved By: _____ Date: _____
Assoc. VP of Finance & Controller