

UNIVERSITY OF LOUISVILLE
APPLICATION FOR A NEW MERCHANT ACCOUNT

Date:

Requestor Name:

Requestor Title:

Department Name:

Shipping Address:

Building Name, Floor/Suite #:

City, State, and Zip:

Operating Federal EIN#:

Customer Service/Dept. Email:

Customer Svc/Dept. Phone #: 502-

Dept. Fax #: 502-

Who will be the Merchant Department Responsible Person (MDRP)? The MDRP is responsible for managing credit card transaction processing.

MDRP with Primary Responsibility:

Name:

Title:

Email:

Phone #: 502-

Secondary Responsibility:

Name:

Title:

Email:

Phone #: 502-

UBM:

Name:

Title:

Email:

Phone #: 502-

Tier 1:

Name:

Title:

Email:

Phone #: 502-

Dean/Director or Chair:

Name:

Title:

Email:

Phone #: 502-

MID (Merchant ID) Account Name Requested:

UofL

Visa, MasterCard and Discover are standard with any merchant account. Gross Sales settlement and monthly billing in arrears (2% to 3% on average, and is dependent upon number of transactions, average ticket and processing method; plus monthly fees) is handled by our processor. The University allocates Payment Card Industry (PCI) costs annually based on total sales. Would you like to accept American Express? Payment and monthly billing (2.25%) will be handled directly from American Express.

Yes

Not at this time. Can be added later.

Describe the goods, services, and/or gifts for which you will receive payments. If any portion is deemed gifts, contact Advancements Department. Please be specific:

Is this an existing or new source of revenue?

Explain why your department wants to accept credit card payments.

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

Will credit card be the sole method of payment? If not, what other methods of payment do you anticipate accepting for this specific purpose?

How do you plan to process these payments? (check all that apply)

Face-to-Face (Card Present)

Mail/Telephone/Fax Order (Card Not Present)
(MO/TO/FO)

Website

For Face-to-Face or MO/TO/FO:

Purchase a stand-alone terminal device: VeriFone Vx520 for \$420 or Ingenico ICT250 for \$365. A dedicated analog phone/fax line is required.

Purchase a cellular wireless terminal: Ingenico iWL250G EST. \$753. This method will incur a \$19 monthly wireless fee per device. Ancillary component pricing, such as carrying case and additional battery, available upon request. WiFi not allowed.

For Website:

If you are planning to accept credit card payments via the Internet, please provide the following information:

Beginning Website:

<http://louisville.edu/>

Website redirects to:

Server name where the website and/or full application is hosted:

3rd Party Vendor if website is not hosted on a University server:

3rd Party Online Payment Gateway Processor
(i.e., Authorize.net):

*All website merchants must adhere to [Internet Requirements and Privacy Policy](#).

*All website merchants must develop and submit a credit card device diagram and card flow process diagram, preferably before going live. Implementation guide from vendor is needed in some cases.

Please estimate the **ANNUAL** dollar volume and number of transactions for each applicable credit card acceptance process:

Face-to-Face

\$

of Transactions

MO/TO/FO

\$

of Transactions

Internet

\$

of Transactions

Financial System Speedtype and Account Code

University Accounting will post funds received (full amount daily) and fees charged (monthly) to the University's financial system. You will need to identify one Speedtype and one Account code for posting funds received and fees charged from our credit card processor. You will not have to do anything unless you need to reallocate to other accounts.

Funds Received:	Speedtype:	<input type="text"/>	Account Code: **	<input type="text"/>
Fees Charged:	Speedtype:	<input type="text"/>	Account Code:	<input type="text" value="426207*"/>

** Account code 426207 is setup specifically for credit card fees. It is your option to use this account or you can change it to the account you wish to use.*

*** Account Code for Revenue typically begins with a '4;'. The only other options are a clearing account (130165), however, the department will need to be responsible for the reconciliation/reallocation of the account and need to obtain approval from University Accounting - who discourages the use of this option but is allowable. Another option is to send a grid to allocate with multiple speed types on a daily or weekly basis. The grid option will also need to be discussed with Univ. Accounting.*

Merchant Connect (Online Monthly Statements; Reporting):

If electronic reporting is preferred, please provide: userID, name, telephone number, and mother's maiden name. Otherwise, the monthly statements will be mailed to the MDRP.

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.

Other Information:

*By signing this form, he/she acknowledges and understands his/her role as outlined in the University's policies and procedures for **Credit Card Merchants** and accepts the responsibility of that role. Additionally, recognizes that the liability for a breach is accepted by the Merchant should a breach occur due to negligence of the department to adhere to the University's policies and procedures for **Credit Card Merchants**.*

By signing this form, the VP/Dean or Director/Chair acting as the Merchant Executive Officer, approves of the business case presented by the department to become a Merchant, the information provided, and the designated Merchant Department Responsible person.

_____	_____
MDRP (Printed Name)	MDRP Title
_____	_____
MDRP (Signature)	Date
_____	_____
Secondary Contact (Printed Name)	Secondary Contact Title
_____	_____
Secondary Contact (Signature)	Date
_____	_____
UBM (Printed Name)	UBM Title
_____	_____
UBM (Signature)	Date
_____	_____
Tier 1 (Printed Name)	Tier 1 Title
_____	_____
Tier 1 (Signature)	Date
_____	_____
Dean/Director or Chair (Printed Name)	Dean/Director or Chair Title
_____	_____
Dean/Director or Chair (Signature)	Date

RETURN COMPLETED and SIGNED APPLICATION BY EMAIL, FAX, or MAIL TO:

Email: jmried02@louisville.edu

**TREASURY MANAGEMENT
CONTROLLERS OFFICE
SERVICE COMPLEX, 2ND FLOOR.**

FAX #: 502-852-8228

For Treasury Management Use Only

Date Application Received:

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Merchant ID #:

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AMEX #:

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