



Merchant Establishment Form

Instructions: This form is required to obtain authorization to process payment cards as a merchant on behalf of Old Dominion University. Please complete, sign, and submit this form electronically with any attachments to the **Office of Finance PCI mailbox: PCI@odu.edu**

Department:	Today's Date:
Requester:	Desired Go Live Date:
Position/Title:	Department Budget Unit Director Name (BUD):
Email Address:	
Phone Number:	BUD Email:
	BUD Phone Number:

Physical Department Address:

Street:

City: State: Zip Code + 4 (If on-campus, use 23529-1000):

Overall Purpose

Describe the reason your department would like to process payment cards.

Check all that apply and provide additional information:

Event/Conference Registrations - Event Name:

 Date of the Event(s):

 Will this event be overseen/managed by University staff? YES NO

Membership Fees - Type:

Services - Describe:

Merchandise - Describe:

Other - Explain:

How will the ability to accept payment cards benefit Old Dominion University economically and/or in achieving its overall mission?

Who will your customers be or what is your targeted market?

Check all that apply: *Notes:*

<input type="checkbox"/> Students	
<input type="checkbox"/> Faculty/Staff	
<input type="checkbox"/> Alumni	
<input type="checkbox"/> General Public	
<input type="checkbox"/> Other	<i>Specify:</i>

Will any money be collected as gifts/donations to the University or other organizations? YES NO

Frequency

How often will your department accept payment cards?

Check all that apply and provide additional information:

One-time Date(s):

Recurring Frequency: Annually Semi-Annually Monthly _____

Dates of recurrence: _____ Until (if end date): _____

Ongoing Until (if end date):

Is a peak period of activity expected? YES NO

If so, when? Semester start Other:

Other Specify:

Volume

What is the anticipated volume of sales?

Annual dollar amount: _____ Annual # of transactions: _____

Average dollar amount per transaction: _____

Other comments about volume of sales: _____

Administrative

Where will payments be deposited?

Organization Code: _____ Account Code: _____

Please list any additional information, needs, concerns, etc: _____

Department BUD Approval:

I confirm that I understand the risks and responsibilities associated with accepting and handling payment cards on behalf of Old Dominion University. I acknowledge that products, fees, and/or services the department is engaged in selling are in full compliance with Old Dominion University's Policies and Procedures. I am aware that there are monthly bank fees associated with the merchant account and credit card terminals. By signing this document, I acknowledge and accept responsibility for the management of the account and all that it entails.

Budget Unit Director:

Signature: _____ Date: _____

Office of Finance Use Only:

Approved Declined

Notes: _____

Signature: _____ Date: _____
Assistant Vice President for Finance/University Controller

Associate Vice President for Academic Affairs if required

Signature: _____ Date: _____

University Budget Officer Approval (if needed for Org/Acct establishment):

Signature: _____ Date: _____

PCI Compliance Specialist/Office of Finance Use Only:

Training & PCI Security & Confidentiality Agreements sent? YES NO

There should be signed agreements and training completed for a minimum of 2 PCI Agents per merchant account.

Process to establish Merchant ID initiated? YES NO

Signature: _____ Date: _____