



Old Dominion University

Payment Card Security and Confidentiality Agreement

All employees of the University who are involved in the accepting, processing, or reconciling of payment card sale transactions are required to complete this security and confidentiality agreement annually.

- This pledge of conduct verifies that I understand my role in safeguarding confidential information and that I agree to adhere to the associated rules, policies, procedures and guidelines.
- As a member of the University community, I understand that the data available to me is confidential. I will limit access to the data necessary in the direct performance of my duties and responsibilities.
- I acknowledge that the information obtained from or access to card activity will only be used for business purposes. It is my responsibility to secure any reports, screen shots, receipts, card information or other data obtained from the credit card process.
- I acknowledge I will not share my user ID or passwords that I receive with anyone.
- I acknowledge that I have no right to use, reproduce, reverse engineer, publish, license, distribute, disseminate, sell or otherwise make available to any other party any card information for personal gain or profit or for the personal gain or profit of others, or to satisfy personal curiosity.
- I acknowledge that payment card information will never be requested, sent, or accepted via end-user messaging technologies, i.e. e-mail, instant messaging, voicemail, and etc.
- I acknowledge that I am prohibited from entering cardholder data into web-based application for customers.
- I understand my obligation to report any suspected or confirmed breach of cardholder data.
- I have completed the required annual training on cardholder data safety and security.

By signing this document, I attest to having read, understood and agree with the conditions.

Department

Employee's Printed Name

Employee's Title

Employee's Signature

Date

UIN

Supervisor's Printed Name

Supervisor's Title

Supervisor's Signature

Date

Please print this page, sign, and complete the information requested.
Once completed, return to the PCI Compliance Specialist, Office of Finance: [mail to: pci@odu.edu](mailto:pci@odu.edu)