University of Illinois Merchant Card Services
Enrollment Request for Online Credit Cards

Units requesting to accept online credit card payments should complete this form.

General Information

Department Information			
Department Name:			
Department/Unit Campus Address			
Street Address 1:			
Street Address 2:			
Mail Code:	City:	State:	Zip Code:
Add merchant address if different than department/unit address			
Street Address 1:			
Street Address 2:			
Mail Code:	City:	State:	Zip Code:
Please use the following descriptions when filling out the merchant contact roles			

Fiscal/Administrative Officer: is responsible for management of all aspects of merchant card processing within the unit. This also includes the responsibility for the unit's compliance with all merchant card processing policies as well as Payment Card Industry Data Security Standard (PCIDSS).

Dispute Resolution Contact: is responsible for responding to chargeback requests and documentation retrievals. These information requests come from a customer's bank and require a response to be submitted in a timely manner.

Merchant Contact Roles			
Fiscal/Admin Officer			
Name:			
Phone number:	Fax Number:		
E-Mail address:			
Campus Address			
Street Address 1:			
Street Address 2:			
Mail Code:	City:	State:	Zip Code:

Dispute Resolution Contact				
Name:				
Phone number:		Fax Number:		
E-Mail address:				
Campus Address				
Street Address 1:				
Street Address 2:				
Mail Code:	City:		State:	Zip Code:

Sales Information				
Enter the anticipated percentage (%) of credit card sales for the following payment channels.				
In Person	Mail Order	Telephone	Fax	Online
%	**%**	**%**	**%**	**%**
Estimated yearly credit card sales ($):				
Estimated average individual credit card sale amount ($):				

Briefly describe what your department would like to accept credit card payments for:			
Are cash sales currently being processed?	Yes	No	
If Yes, what are the estimated annual cash sales?			
Currently, if your department is selling goods, are you operating an inventory system?	Yes	No	N/A
Currently, are you using any accounts receivables system?	Yes	No	N/A
Are you using a method other than the University's Accounts Receivable system to bill external customers for goods and services?	Yes	No	N/A
If Yes, would accepting credit cards eliminate this process?	Yes	No	

Online Credit Card Acceptance

What is the URL of the unit's web site?	
Please select the customer audience of the website?	Public Students Faculty/Staff
Is the customer required to access the website with a login and password?	Yes No
Are you currently accepting online payments through a different unit web site?	Yes No
When do you expect to go live with online payment processing?	

Information Technology Manager/Webmaster Contact

Name:	
Phone number:	Fax Number:
E-Mail address:	

Campus Address

Street Address 1:	
Street Address 2:	

Mail Code:	City:	State:	Zip Code:

Please enter the CFOAPAL that will be used to record revenue for this web site. If more than one CFOAPAL will be used, please enter additional CFOAPALS on next page.

CFOAPAL segments marked * are optional.

Chart	Fund	Org	Account	Program	*Activity	*Location

Please enter any additional CFOAPALs that will be used to record revenue. CFOAPAL segments marked * are optional.

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Chart	Fund	Org	Account	Program	*Activity	*Location

Additional Comments

Please add any additional comments for the merchant enrollment request:

Required Signatures

All Units should complete this section

Fiscal/Administrative Officer:

1) As department/unit Fiscal/Administrative Officer, I will ensure that all University of Illinois policies related to payment card processing will be followed by stated unit.
2) I have reviewed the Office of Business and Financial Services policy Sec. 5.11.

Printed Name	Date

Signature	Date

Form Submission Instructions:
Complete the Merchant Card Services Enrollment Request Form and submit to:

University of Illinois
OBFS-Merchant Card Services
247 Henry Admin. Bldg., MC-363
506 S. Wright St.
Urbana, IL 61801

If you have questions or need assistance completing the form, please contact University of Illinois, OBFS-Merchant Card Services at **217-244-9384 or merchantcardhelp@uillinois.edu.**

OBFS-Merchant Card Services:

_____
Signature   Date

CFOAPALs Approved by:

_____
Signature   Date

Merchant Card Services Follow-up Questions				
The University of Illinois accepts Visa, Master, Discover, and American Express credit cards. Select the bank card types to be accepted.				
Visa	Master	Discover	American Express	**Debit Cards**
Ethernet (IP Address)	DHCP (auto located)		DSTATIC (manual entry)	
Merchant requested date and received by:				
Bank Request date and submitted by:				