University of Illinois Merchant Card Services
Enrollment Request for Terminal/Point of Sale (POS)

Units requesting to use a point of sale system or credit card terminal 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	

Terminal/Point of Sale (POS)

Operations Manager Role Description

Operations Manager: is responsible for overseeing daily card processing operations. In addition, this role is accountable for implementing and supervising the enforcement of all payment card processing policy requirements and Payment Card Industry Data Security Standard (PCIDSS) compliance. For smaller units, the Fiscal/Admin Officer and Operations Manager may be fulfilled by a single person.

Operations Manager

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

Campus Address

Street Address 1:			
Street Address 2:			
Mail Code:	City:	State:	Zip Code:

Retail Information

Retail Name: (the retail name is what shows up on the cardholder's statement. It must be 22 characters or less, including spaces)	
Retail Phone Number: (located on *customers receipt to contact for questions about purchase*)	

External PIN Pad Needed?: *(allows a customer to enter their PIN number when a customer does not have access to the card terminal)*	Yes	No

How many terminals are being requested?	

Complete the following for a single terminal request.
(*In general, credit cards revenues and expenses are deposited in a self supporting/ revolving account. The CFOAPAL segments marked * are optional*).

Terminal # 1

Chart	Fund	Org	Account	Program	*Activity	*Location

Terminal Receipt Address

Street Address 1:	
Street Address 2:	

Mail Code:	City:		State:	Zip Code:
Terminal connectivity:				
Does the terminal need to dial 9 to access an outside line?	Yes	No		
If you are requesting multiple terminals, please complete information on the next page.				

Please complete for each additional terminal request to charge separate CFOAPALs and attach more than one sheet as necessary.

The CFOAPAL segments marked * are optional.						
Terminal #						
Chart	**Fund**	**Org**	**Account**	**Program**	***Activity**	***Location**
Receipt Address						
Street Address 1:						
Street Address 2:						
City:	State:			Zip code:		
Terminal connectivity:						
Dial Up	Need to dial 9 for an outside line			Yes	No	

Terminal #						
Chart	**Fund**	**Org**	**Account**	**Program**	***Activity**	***Location**
Receipt Address						
Street Address 1:						
Street Address 2:						
City:	State:			Zip code:		
Terminal connectivity:						
Dial Up	Need to dial 9 for an outside line			Yes	No	

Terminal #						
Chart	**Fund**	**Org**	**Account**	**Program**	***Activity**	***Location**
Receipt Address						
Street Address 1:						
Street Address 2:						
City:	State:			Zip code:		
Terminal connectivity:						
Dial Up	Need to dial 9 for an outside line			Yes	No	

Terminal #						
Chart	**Fund**	**Org**	**Account**	**Program**	***Activity**	***Location**
Receipt Address						
Street Address 1:						
Street Address 2:						
City:	State:			Zip code:		
Terminal connectivity:						
Dial Up	Need to dial 9 for an outside line			Yes	No	

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:				