

Credit Card Processing Change/Termination

Department Name: _____ Date: _____

Contact Person: _____ Contact Phone: _____

Termination of all credit card processing (Skip to end of form, print, sign, and return signed copy to E-Commerce Committee, 1200 Comptroller's Office.)

Change information completed below. (Please complete only the information below that is changing.)

Business Section

Datatel Account Number for Deposits: _____

Datatel Account Number for Chargebacks: _____

Authorized Staff: (List all staff members who are authorized to process credit card transactions. Attach a separate sheet if necessary.)
Newly hired employees must have a background check.

Name	ULID	New or Terminated?

(Each new individual above must read and sign form at Website where signature form will be. Department should keep these forms on file.)

Credit Cards:

VISA Add Delete	Discover Add Delete
American Express Add Delete	MasterCard Add Delete

Information to be printed on receipts (VX570 only):

Name: _____

Location: _____

Address: _____

Phone Number: _____

Equipment/Technical Section

Type of Credit Card Process: (Please check all that apply)

Departmental website:

Add Delete

Address of website: _____

SSL Encrypted: Yes No

Third Party Software:

Add Delete

Name of Software/Vendor: _____

PCI Compliant: Yes No

VX570 (New Omni replacement) There will be a \$5 maintenance fee charged for each new VX570. The \$5 will be charged directly to your account.

Add # of VX570s to be added _____

Delete # of VX570s to be removed _____

Convert old Dial-up to Network # of VX570s requested _____

Location(s): _____

External Pin Debit Pad

Add # of Pin Debit Pads to be added _____

Delete # of Pin Debit Pads to be removed _____

Location(s): _____

Please print a copy, sign and mail to E-Commerce Committee, 1200 Comptroller's Office.

Signature of Department Head

Date

For office use only

E-Commerce Committee Signature

Date

Approved

Not Approved

Reason: _____

05/21/2009