

Application for Merchant Account

University of Nebraska –Lincoln

Requesting Department			
Date:		Department:	
From: Name / Title (Dean, Director or equivalent)			
Email Address:			
Payment Card Activity			
Merchant Account Requested To:		<input type="checkbox"/> Provide income from a new product or service <input type="checkbox"/> Provide another means of payment for an already existing product or service	
Estimated Payment Card Annual Dollar Volume (a): <small>The dollar amount you expect to collect per year from the payment card option.</small>			\$
Estimated Payment Card Annual Transaction Volume (b): <small>The number of transactions you expect per year from the payment card option.</small>			
Estimated Average Transaction Amount (a) ÷ (b): <small>List only one amount, not a range. (i.e. \$600; not \$200 to \$1000)</small>			\$
Cards Accepted at UNL are: Discover MasterCard Visa <i>We cannot accept American Express.</i>			
Merchant Information			
What Appears on Your Customer's Statement		Cost Object for Fees & Expenses	
Merchant DBA Name – limited to 25 characters MAX. Letters, Numbers, and Spaces ONLY. It should start with 'UNL' and reflect your department in a way customers will recognize (i.e. UNL Lied Center). This is what will appear on receipts and statements.		Customer Service Phone # <small>- will appear on cardholder statement</small>	Bursar Expense Allocation is to only one Cost Object <small>(will use gl 523300)</small>
Payment Channels for Card Acceptance (check all applicable):		Mailed In Phone Other (please explain)	In Person POS Register Website –entered by customer Website –entered by dept
NOT ALLOWED: Fax and Email			
<p>Attached to this application is a description of the transaction processing methods and protocol we will employ to conduct our payment card activity. Included is: 1) An explanation of the new or existing product(s) and/or service(s) being offered, 2) What type of business we will do i.e. internet, card-not-present (MOTO –mail order/telephone order), or card-present, 3) Detail of how card information will be collected and transmitted, what type of equipment will be used (if known) including any software or third-party processor that will be utilized, 4) Internal controls in place, and 5) Data flow chart.</p> <p><i>Please Check</i></p>			
Contact Information			
Business Manager	Phone #	Department Name	Department Fax #
Key Contact / Accounting Coord	Phone #	Department Address	Campus Zip Code
System Administrator	Phone #	Dept IT Support Contact	Phone #
Merchant Agreement			
<p>Please approve the issuance of a merchant number for our department to process payment card transactions. We have read and agree to follow all UNL Payment Card Policies and Procedures. My department also agrees we will be responsible for paying any implementation/set up costs as well as ongoing fees, will assume responsibility for any and all risk, and will be financially liable for the consequences of a security breach.</p>			
Signature of Preparer		Phone #	
Submit Completed Request To: Office of the Bursar, Attn: Jennifer Hellwege, 121 Admin, 0412			

Approved By: _____ Date _____
 Controller