PCI Pre-Qualification form

New Terminal Request ___   **Change Terminal Process** ___   **Date**_____

Please complete all of the information requested below. The form will not be reviewed until all information is provided.

   A. <u>Contact Information</u>

      1. Name of Responsible Director/Contact:
        Email Address:
       Cell phone number:

      2. Name of Responsible IT
     Administrator:
        Email Address:
       Cell Phone Number:

      3. Department:

      4. Department/Unit:

      5. Merchant ID(s):

   B. <u>Business Purpose:</u>

    What is the business purpose for requesting permission to process payment card transactions?

   C. <u>How will credit card information be obtained</u>? Please select all that apply.
      1. In-person
      2. Phone
      3. Mail
      4. Facsimile
      5. Email
      6. Website
      7. (Texting will not be an acceptable form)

D. <u>How will credit card information be processed</u>? Please select all that apply.
1. IP Terminal
2. Wireless Terminal, Tablets, Clover-Go
3. POS-Purchased System
4. POS-Customized System
5. WesternU Hosted Website
6. Third-party Hosted Website

E. If a third party is processing payment card information on your department's behalf, please provide the name and PCI certification (i.e., if you are listing a third-party POS system and a third-party hosting the website)

Name of third party:_____

Third Party Contact:

Title of Third-Party

Contact: N/A

F. If a third party is processing, storing or otherwise accessing payment cards on
WesternU's behalf, has the WesternU Security Addendum been signed?

Yes (If Yes, please provide copy)
No (If No, please explain and provide expected date of
completion) Not Applicable

G. Describe how you ensure credit card data is destroyed after processing is completed?

H. In what physical location(s) will credit cards be processed and how will the device be secured when not in use?

I. If your request is for a change, list all individuals who will/does handle payment card information and/or process payment cards in your department (list individuals who have not otherwise been provided in prior submissions):

J.   Have all of these individuals completed PCI Training?

      1.   Yes
      2.   No (If No, please provide expected date of completion)
      3.   Do not Know

K.   List all of the devices that will be used to process payment cards and their Locations:

      1.   Laptop
      2.   Mobile device
      3.   Workstation
      4.   Other _____

L.   Has the PCI Security Safeguards (Appendix A of the WesternU PCI Policy) been signed? Please provide a copy.

I certify that the above information provided is accurate and complete and that I will promptly update this information in the event of any changes.

_____
Business Contact/Department Director

_____
IT Administrator Name

WesternU Financial Services and Treasury Use Only:

Reviewed & Approved by

Signature:_____

Date:_____

Related policy: Payment Card Industry Standards policy & procedures