

UBC Merchant Account Request Form

Department: _____ Date: _____

Contact Name: _____ Tel. No: _____

Address: _____

Purpose for opening up a new merchant account:

Was UBC e-Payments (formerly CBM) considered (Y/N)? Comments / Features Missing? (Please contact Enrolment Services or visit http://www.it.ubc.ca/service_catalogue/admin_sys/epayment.html for more details.)

Estimated # of transactions per month: _____ Average \$ per transaction: _____

Estimated \$ transactions per month: _____

Type of Accounts Needed (please check):

_____ Visa

_____ Mastercard

_____ Interac

Is a POS terminal needed (Y/N)? _____ If yes, how many? _____

Location to install POS terminal(s): _____

Speedchart for deposits : _____

Speedchart for charges: _____

For non – UBC e-Payments (formerly CBM) credit card merchant accounts:

Please note that Financial Services will credit the deposits to the temporary clearing account (account code 241100, 241200, 241300, 241500, 241600 or 241700) provided above. It is the department's responsibility to prepare a Journal Voucher to transfer the funds out of the clearing account to the appropriate revenue accounts. In addition, a Bank Reconciliation is required to ensure that the funds are transferred out accordingly and should be produced upon request.

Please provide the transaction/cardholder data flow process and the QSA (Qualified Security Assessor) confirmation of the SAQ (Self Assessment Questionnaire) level. Please note that the merchant is responsible for the cost of the QSA service. Please contact Raul Ramos at r.amos@ubc.ca for more information.

If account to be set up is Ecommerce, please provide the AOC (Attestation of Compliance) of the Service Provider.

By signing off this request form, the department agrees to be PCI compliant annually. For more details, please refer to <http://www.finance.ubc.ca/ap/PCICompliance-Main.cfm>.

IMPORTANT: No new account will be opened unless Telus (QSA) signs off that the merchant payment process is PCI compliant prior to going live.

Requested by (Name and Signature): _____

Date: _____

For Financial Services only:

Approved by: _____

Date: _____