

University of Hawai‘i
Appendix B, AP 8.710, Credit Card Administration
Credit Card Administration - Participation and Change Request Form

Date Submitted:

New/Initial	<input type="checkbox"/>	Change Request	<input type="checkbox"/>	Request to Close (See Section K):	<input type="checkbox"/>
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Campus & Department	
Merchant Name	
Merchant ID	
KFS Location Code	

A. Contact Information

	Name	Email	Telephone	New or Change
Merchant Account Contact				
IT Contact				
Fiscal Administrator				
Department Head				
Address and fax number for Merchant Statements, Invoices, and Chargeback Notice				

B. Justification for Merchant Account (Attach additional sheet, if needed)

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C. Business purpose and legal authority (HRS) that permits collection of funds (Note: Consult with FMO Tax Services for review of any Unrelated Business Income Tax considerations, as necessary)

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D. Estimated transaction volume

Estimated annual sales (\$)	
Estimated per transaction amount (\$)	

E. How will Payment Card information be obtained? Mark all that apply (Note: cardholder data is prohibited from being sent via any electronic means i.e. direct messaging, email, UH File Drop, etc.)

In-person/card present	<input type="checkbox"/>	Via Facsimile	<input type="checkbox"/>
Via Phone	<input type="checkbox"/>	Via eCommerce	<input type="checkbox"/>
Via Mail	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other: Please describe.

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F. How will payments be processed? Mark all that apply.

Analog phone line	<input type="checkbox"/>	eCommerce	<input type="checkbox"/>
Cellular phone line	<input type="checkbox"/>	TouchNet uStore	<input type="checkbox"/>
Point of sale system	<input type="checkbox"/>	TouchNet uPay	<input type="checkbox"/>
Proposed POS system name:			

Additional information: Describe other systems; for eCommerce - provide URL and/or IP address

G. The University recommends using TouchNet Information Systems, Inc. (TouchNet) for processing eCommerce credit card transactions. If another third party service provider or UH owned and managed server is proposed to process credit card payments, please provide the following information:

Third-party Name	
Justification for alternate method	

- (1) Attach 3rd party PCI DSS compliance documentation (i.e. validated systems listing, Attestation of Compliance, etc.); 3rd party PCI DSS compliance is required.
- (2) For new contracts, in accordance with EP 8.200, Policy on Contracts and Signing Authority, review and approval by the Office of Vice President for IT and UH System Data Governance Office is required for any contract involving integration with UH IT system, UH data commitments or IT services equal to or exceeding \$25,000. Software installed on a UH server is not preferred. All contracts must have UH contract provisions (see EP 8.200 Appendix 10). Attach documentation of necessary approvals.

H. What devices will be used to process credit cards:

a. Bank of Hawaii Provided Equipment

	Number Needed
Terminal and Pin Pad	
Cellular Terminal	
Back-up Imprinter	

b. Department Acquired Equipment

	Make/Model	P2PE – Mark (X) if applicable
Point of Sales Systems		
UH laptops or other mobile		
UH workstation		
Card-reader devices		

Note:

- 1) All devices must be Approved PTS devices; Refer to:
https://www.pcisecuritystandards.org/assessors_and_solutions/pin_transaction_devices

2) PCI DSS P2PE validated solutions are recommended. If P2PE components please provide validated system listing. Refer to:
[https:// www.pcisecuritystandards.org/assessors_and_solutions/](https://www.pcisecuritystandards.org/assessors_and_solutions/) and provide any collateral material showing the encryption methods, hardware, etc.

I. For Point of Sales system and eCommerce not utilizing TouchNet:

a. Confirm processing through FISERV (FKA First Data) (BOH's processor).

Confirmed (Yes/No)	
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b. Provide copy of proposed network diagram.

Attached		
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c. Provide copy of proposed data flow diagram (this document shows how the credit card information flows through the process, network, computer, etc. from the time the card information is received, and how it is received, through the systems used to facilitate the payment, to the point of deposit).

Attached		
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J. Will any Payment Card information be stored in any form (electronic or hard copy) on UH site? Electronic storage is prohibited unless exception approval received.

Yes			No		
Electronic					
Hardcopy					

If yes, please describe:

1. Justification (legal, regulatory or business requirement) to store cardholder data	
2. For electronic storage, encryption procedures	
3. Storage procedures and location	
4. Retention period	

K. Reason to Close Merchant Account

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L. Certification

I certify the above information provided is accurate and complete and that I will promptly update this information in the event of any changes. I understand the requirements in accepting credit card payments as described in Administrative Procedure 8.710, Credit Card Administration.

	Signature	Date
Merchant Account Contact		
Merchant IT Contact		
Fiscal Administrator		
Dean/Director or Department Head		

M. Review and Approvals

Approved		Disapproved	
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Reason for disapproval:

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	Signature	Date
Treasury Officer		
ITS (if applicable)		