**Payment Card Account (PCA)**Department Payment Card Manager Form

Merchant ID (MID):       FY:

Department:       Date:

Payment Card Manager:       Employee ID:

Your department has requested to open or renew a University of Minnesota payment card account. As a result, your department may have access to payment card numbers, expiration dates and demographic cardholder information “Cardholder Data”. As a condition of maintaining a payment card account, your department must:

1. Designate a Department Payment Card Manager.
2. As that Manager, you agree to comply with all twelve Payment Card Industry Data Security Standards (PCI DSS) as well as University policy, state and federal laws, contractual obligations, and rules of the University’s banks and financial institutions, as they apply to cardholder data.
3. Complete compliance forms and documents assigned by Accounts Receivable Services.

Specifically, by completing this form you agree to the following:

**Confidentiality –** You agree to only use Cardholder Data for the intended business purpose of the department as a condition of your employment. You will use best effort to prevent and protect any part of the Cardholder Data from disclosure to anyone that does not have a business need for it. You will take all reasonable steps necessary to protect the security of the Cardholder Data, and to prevent the Cardholder Data from release into the public domain or into the possession of unauthorized persons.

**Security of Cardholder Data –** Employees will have access to Cardholder Data. Each employee with access to Cardholder Data must read and understand all University of Minnesota policies on Privacy and Data Security, as well as any other applicable laws, policies or standards, as they apply to Cardholder Data, prior to access. In addition, each employee must agree to abide by all standards in those policies as a condition of their employment and execute the “Payment Card Account Employee Non-Disclosure Form.”

*This form automatically expires at the end of the fiscal year and must be renewed annually. If the Department Payment Card Manager changes, this form must be submitted prior to the new Payment Card Manager assuming their responsibilities.*

**Department Payment Card Manager:**

Print Name:       E-Mail:

Title:       Phone:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Payment Card Account (PCA)  
Department Payment Card Manager Form**

**Instructions for the Payment Card Manager Form:**

This form is to be completed by the Department Payment Card Manager. The Payment Card Manager must be knowledgeable about the payment card acceptance process in your department and will be the first point of contact for all questions concerning this Payment Card Account. The Department Payment Card Manager will work with the appropriate Information Technology and Human Resources staff to ensure that all Payment Card Industry Data Security Standards (PCI DSS) are met and that if a remediation plan is required, they will develop and implement that plan. The Department Payment Card Manager will be responsible for completing the annual Self-Assessment Questionnaire (SAQ) and forwarding those responses to Accounts Receivable Services as requested. All information requested on this form is required.

1. Merchant ID (MID) – this is a 12 digit number beginning with 0150XXXXXXXX you were provided when you set up your original Payment Card Account. If you use ClientLline, this is called Location ID.
2. FY – this is the current Fiscal Year, which runs from July 1 to June 30.
3. Department – this is the name on your Payment Card Account
4. Date – this is the date this form is completed.
5. Payment Card Manager – this is the name of the person who will be the Payment Card Manager.
6. Employee ID – this is the Employee ID Number of the Payment Card Manager
7. Print Name – printed name of Payment Card Manager
8. Email – this is the Payment Card Managers’ e-mail address.
9. Title – this is the working title of the Payment Card Manager.
10. Phone – this is the direct line. Do not use generic department phone numbers.
11. Signed – signature of Payment Card Manager
12. Date – this is the date as signed by the Payment Card Manager