**Payment Card Account (PCA)**

Employee/Volunteer Non-Disclosure Form

Merchant ID (MID):       FY:

Department:       Date:

Employee/Volunteer Name:       Employee ID:

Your department has requested to open or renew a University of Minnesota payment card account. You have been identified as an employee or volunteer involved in the payment transaction process who may have access to confidential information related to payment cards, including payment card numbers, expiration dates and demographic cardholder information “Cardholder Data.” Payment Card Industry Data Security Standards (PCI DSS) require that all individuals with access to Cardholder Data meet privacy and security standards. These standards have been incorporated into University of Minnesota policies on Privacy and Data Security.

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

**Confidentiality –** You agree to only use the Cardholder Data for the intended business purpose of the department as a condition of your employment or your role as a volunteer. You will use best efforts to prevent and protect any part of the Cardholder Data from disclosure to anyone that does not have a business need for that data. 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** – You will have access to Cardholder Data and you have read and understand the University of Minnesota’s Privacy and Data Security policy, as well as any other applicable laws, policies or standards, as they apply to Cardholder Data and agree to abide by all standards in those policies as a condition of your employment or your role as a volunteer.

**Training** – You agree that you have been trained at least annually on the importance of protecting cardholder data, and are knowledgeable about the department’s payment card processes and the security and compliance associated with these processes.

*This form automatically expires at the end of the fiscal year and must be renewed annually. Select your role and fill in your information.*

**Employee**  **Volunteer**

Print Name:       E-Mail:

Title:       Phone:

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

\_\_\_\_ Copy to Department Payment Card Account Manager

\_\_\_\_ Copy to Accounts Receivable Services

**Payment Card Account (PCA)**

Employee/Volunteer Non-Disclosure Form

**Instructions for the Payment Card Account Employee/Volunteer Non-Disclosure Form:**

This form is to be completed by the Employee or Volunteer working in the payment card process. The Employee or Volunteer must be knowledgeable about the importance of cardholder data security and non-disclosure of private information. The Employee or Volunteer will need to review and understand the Payment Card Industry Data Security Standards (PCIDSS) and University of Minnesota Policies and Standards concerning accepting revenue via payment cards (<http://policy.umn.edu/finance/paymentcards>) and information security (<http://policy.umn.edu/it/securedata>). All information requested on this form is required.

1. 1. Merchant ID (MID) – this is a 12 digit number beginning with 0150XXXXXXXX. This number was provided to you when you set up your original Merchant Account. If you use ClientLine, this is your Location ID.
2. 2. FY – this is the current Fiscal Year, which runs from July 1 to June 30.
3. 3. Department – this is the name on your Merchant Account
4. 4. Date – this is the date this form is completed.
5. 5. Employee or Volunteer Name – this is the name of the employee or volunteer.
6. 6. Employee ID – this is the Employee ID Number of the employee
7. 7. Print Name – printed name of Employee or Volunteer.
8. 8. Email – this is the Employee’s or Volunteer’s email address
9. 9. Title – this is the working title of the employee
10. 10. Phone – this is the direct line. Do not use generic department phone numbers.
11. 11. Signed – signature of Employee or Volunteer.
12. 12. Date – this is the date as signed by the Employee or Volunteer.
13. 12. Copy To – a copy of the completed form is to be retained by both the Payment Account Manager and Accounts Receivable Services.