Please complete the application electronically and print for signatures.

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**Application Submission Date**:       **Requesting Department**:

**Requestor’s Name**:       **Requestor’s Title:**

**School/Division**:

**E-mail**:       **Extension**:       **Fax**:

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1. **Describe the goods, services and/or gifts for which the Applicant will receive payments. Please be specific.**
2. **Is this an existing or new source of revenue?**
3. **Are sales subject to the monthly reporting of Vermont taxable sales, and collection of Vermont sales and use tax?**
4. **Provide the PeopleSoft chartstring to which funds will be deposited:**

Account OU DeptId

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Fund Source Function

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PC Business Unit Project Activity ID

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Program Purpose Property

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1. **Provide the PeopleSoft chartstring to which fees will be charged:**

Account OU DeptId

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Fund Source Function

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PC Business Unit Project Activity ID

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Program Purpose Property

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1. **Explain why your department wants to accept credit card and/or eCommerce payments.**
2. **What economic benefits do you expect to gain by accepting credit cards? Please quantify and/or provide additional documentation to support this application.**
3. **Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity? Provide detailed timeframes**.
4. **Will credit card be the sole method of payment? If not, what other methods of payment do you anticipate accepting for this specific purpose?**
5. **How do you plan to process these payments? (check all that apply ~ double click on box to check-off )**

In-person swipe (card present)  Mail/phone/fax order\*  Internet

*\*Note: Credit card data should never be transmitted via email correspondence. Faxes must be secured.*

1. **If you plan to accept credit card payments via the Internet, do you have a website?**
2. **If so, please provide the URL**:
3. **Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:**

In-person $      # transactions

Mail/phone/fax order $      # transactions

Internet $      # transactions

1. **Will payment card account information be stored electronically? If so, describe how the information will be stored and for what purpose.**
2. **Which payment methods does the Merchant Department plan to accept? (check all that apply ~ double click on box to check-off )**

**Visa/**M**asterCard/Discover**

**American Express**

**Electronic check (ACH debit) from customer’s checking/savings account**

1. **If the Merchant Department is interested in the Service Charge Program, thereby charging eCommerce cardholders a flat x% convenience fee, and avoiding merchant fees that would otherwise be charged to the Merchant Department by the processing bank, please indicate below (~ double click on box to check-off).**

**Determine eligibility for** **Service Charge Program**

1. **Who will be the Merchant Department Responsible Person (MDRP)? The MDRP, as referenced in the University of Vermont’s Policy for Accepting Credit Card and eCommerce Payments, is responsible for managing credit card and/or eCommerce transaction processing. Include name, job title and phone extension and describe duties.**
2. **Please identify any additional staff who will be involved in processing credit card payments. Include name, job title and phone extension and describe duties.**
3. **Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities.**

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MDRP Budget Manager

***By signing this form, the Merchant Department Responsible Person acknowledges that they understand their role as outlined in the University of Vermont’s Policy for Accepting Payment Card and eCommerce Payments and accepts the responsibility of that role.***

***By signing this form, the Budget Manager approves of the business case presented for the department to become a Merchant Department, the PeopleSoft information provided and the designated Merchant Department Responsible Person.***

Please submit completed form via campus mail: Treasury Services, 333 Waterman Building, 85 So. Prospect Street, or email [Treasury.Management@uvm.edu](mailto:Treasury.Management@uvm.edu). Questions may also be directed to [Treasury.Management@uvm.edu](mailto:treasury@uvm.edu). Please allow 2 to 4 weeks for review of and response to your application.

**Treasury / Controller’s Office Use Only**

**Date: \_\_\_\_\_\_\_\_**

**[ ] Approved by (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] Form incomplete and returned to requestor for completion**

**[ ] Request denied – Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**