UNIVERSITY OF MANITOBA

Revenue, Capital and General Accounting
Financial Services
315 Administration Building
Winnipeg, Manitoba R3T 2N2 Canada Fax:

Payment Card Merchant Application Form

Date of Request: _____

Department/Organization Name: (Merchant Name) _____

Faculty/Admin Unit: _____

Location of Terminal(s): _____

Contact name for merchant: _____

Contact telephone number: _____

Business Manager of Faculty/Admin Unit: _____

Type of revenue: (eg. Conference fee, T-shirts sales) _____

Is revenue type subject to GST: ◯ Yes ◯ No

Is revenue type subject to PST: ◯ Yes ◯ No

Payment types requested: ☐ Visa ☐ MasterCard ☐ Interac

	Visa	MasterCard	Interac
Annual Volume:	$ _____	$ _____	$ _____
Average Transaction Amount:	$ _____	$ _____	$ _____

FOAP for Deposits: (Must be Revenue Account)

FOP for merchant fees: (RCGA to use appropriate account code) XXXXXX

Is a third party system being used to collect payment data ◯ Yes ◯ No

If yes:
1. what is the name of the vendor/software: _____

2. A certificate from the vendor confirming that the software is Payment Application Data Security Standard (PA-DSS) compliant is required prior to go-live.

Is the link to Beanstream from a website? ◯ Yes ◯ No ◯ N/A

If yes, what is the URL?

The merchant contact and unit business manager, as employees of the University of Manitoba, acknowledge the following statements:

I have reviewed the following documents, available from the Financial Services website as indicated:

Payment Card Industry Data Security Standards (PCI DSS) FAQ:

http://umanitoba.ca/admin/financial_services/media/PCI__DSS__FAQ(4).pdf__

Recommended Best Practices for Credit Card processing:

http://umanitoba.ca/admin/financial_services/media/recommended_best_practice(2).pdf__

University of Manitoba Cash Control Policy and Procedures:

http://www.umanitoba.ca/admin/governance/governing_documents/financial/389.html__

I understand how this information relates to payment card merchants and will comply with the guidelines and regulations as set out.

I also understand that any breach of security must be reported immediately in accordance with the Recommended Best Practices document and may result in the suspension of my merchant account(s).

_____   _____

Merchant Contact Signature   Date

_____   _____

Business Manager Signature   Date

[Reset Form]

Mail completed form to:

Revenue, Capital and General Accounting office room 315 Administration Building
ORIGINAL SIGNATURES ARE REQUIRED.

FOR OFFICE USE ONLY					
Date request was received from Unit:		_____			
Date request sent to TD:		_____			
Date of response from TD:		_____			
New 3rd party payment application?	[ ]	Yes	[ ]	No	
If yes, has a PA-DSS Certication been supplied? (copy must be on file)		[ ]	Yes	[ ]	No
Merchant type:	[ ]	POS	[ ] Beanstream	[ ]	MR
Merchant account number(s)					
	TD Visa :	_____			
	Beanstream:	_____			
Term of use:	[ ] Conference	[ ]	Continual		
Info to merchant: CC Fraud, Card Security Features, TD Merchant Guide, PCI FAQ, New Merchant FAQ					
Go Live Date:		_____			