

Departmental Cash Handling Request Form

Physical Address:																
8. How many transactions does your department expect to process per event (for one time events) or per month (for ongoing events)?																
9. Provide the following estimates for your department:																
a. Average individual transaction amount: \$						b. Total payment income per fiscal year: \$										
10. What type of credit card does your department want to accept? Check all that apply. NOTE: Visa prohibits the credit card discount charge to be billed to the cardholder. If Fiscal Services is selected as the credit card processing method (question #6), FSO must assess the credit card discount charge to the departmental M&O account.						American Express®										
						Discover®										
						MasterCard®										
						Visa®										
11. Provide the 10-digit account number to be used for the credit card discount fee expenses (preferably a 19-account):																
12. Merchant account agreement (for use with credit card operations):																
As a UTSA department, I have requested a merchant account number for use with credit card operations (either with a physical terminal or via data port). By signing below, I am assuming responsibility for the maintenance of this merchant account number and associated equipment as well as protection of cardholder personal information (credit card numbers and expiration dates). Additionally, I acknowledge that I am familiar with the Cash Management and Handling and Departmental Procedures for Credit Card Sales guidelines, which includes adhering to settlement and deposit frequency guidelines.																
In the event that deposit(s) are not made in a timely manner, I have provided the following default revenue account in order that Accounting Services can deposit funds by the end of the month. It will be my responsibility to reconcile this account and request corrections if needed.																
a. Default revenue account number:																
Requesting Department Contact Information																
Department name:																
Date:																
Printed Name of Department Director or above:							UT EID:									
Job Title:																
Signature:																
Financial Services Use Only:																
Approved:						Declined:										
<input type="checkbox"/>						<input type="checkbox"/>										
Date:																
Signature:																
Gary K. Lott, Director of Financial Services and University Bursar																