# **UTSA** Financial Affairs

### **Department Cash Handling Request Form**

Used by departments to request approval to accept cash, check or credit card payments on behalf of UTSA.

**For Credit card payment request only:** You may also use this form to request a merchant account/ID number, if applicable. Once approved, this form is forwarded to Accounting Services for further processing. A merchant account will not be assigned until your departmental security policy is on file. For UTSA Marketplace requests also submit the <a href="https://doi.org/10.1007/journal.org/">UTSA Marketplace application</a>.

Departments are responsible for compliance with <u>Financial Guidelines</u> – Cash Handling and Management and Processing Cash Payments.

REQUEST DETAILS				
What type of payment(s) does your department want to accept?     Check all that apply?	Cash	C	heck (	Credit Card
2. How often will your department accept the payment method(s) above?	One-tir	me Event	On-g	oing Event
3. How will your department accept these payments? Check all that apply:	Mail	Phone	In-Person	Online
Describe the reason for accepting payments. (Example: Seminar Series)				
4. What economic benefit to UTSA does your department expect to gai UTSA?	n by acco	epting pay	ments on beh	alf of
5. What Cost Center or Project ID will payments be deposited into?				
If depositing to multiple accounts, enter the Department ID (DEPTID):				

**Instructions:** Complete this section if your department is requesting authorization to accept credit card payments.

CREDIT CARD PAYMENT AUTHORIZATION
6. How will your department process credit card payments?

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#### **IMPORTANT:**

- The Fiscal Services processing method is limited to 50 transaction per event/month.
- All other credit card processing options require a merchant account be established.
- If processing online using a third-party vendor or UTSA marketplace, prior to contracting with any third-party providers, the department is responsible for requesting and maintaining a written confirmation that the provider acknowledges their responsibility for credit card data security.

What is the name of the vendor?

If vendor offers multiple payment gateways, please

list the one selected. (e.g. PayPal offers Payflow Pro and Payflow Link, MA for UTSA Marketplace)

Is this gateway Host Based or Term Based for daily settlement/closing?

Host Based

Term Based

**Host Based** identifies as the Gateway determines the time for daily settlement; **Term Based** identifies as UTSA initiates the daily settlement (*typically at the end of the work day*). Most third-party vendors will be Host Based. UTSA marketplace is **Term Based**.

What is your program/organization's website?

Enter the Internet address (URL) that you provide to your customers when advertising your program/organization. This URL should include a reference to events and/or functions hosted by your program/organization that may provide an option to submit an online credit card payment.

For dedicated credit card machines(s) purchase only: provide your department location (campus, building and room number) and a contact person (name and phone number) that will be responsible for receiving the shipment (mailed directly from the vendor):

Contact Name Contact Phone:

Bldg./Room: Campus: Main Downtown Other (Enter Physical Address)

**Physical Address:** 

How many transactions does your department expect to process per event (one-time events) or per month (ongoing)?

Provide the following estimates for your department: a. Average individual transaction amount:

b. Total payment income per fiscal year:

What credit card type(s) does your department want to accept?

America Express® Discover® MasterCard® Visa®

Note: If Fiscal Services Office (FSO) is selected as the credit card processing method (question #6), FSO must assess the credit card expense charge to the departmental SpeedType (Cost Center or Project ID).

Provide the SpeedType/Cost Center or Project ID to be used for the credit card expense charge expenses: (Preferably a 3100 Fund)

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### 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. 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 SpeedType in order that Accounting Services can deposit funds by the end of the month. It will be my responsibility to reconcile this SpeedType and request corrections if needed.

Default revenue SpeedType/Cost Center/Project ID:

EQUIPME	NT/APPLICATION		
EQUIPMENT PRICING	PURCHASE PRICE	MONTHLY RENTAL/FEE	
Castles 1000 IP (Printer) + Dedicated Base*	\$450 – CT 41K4	\$35 – CT41K3	
Castles 1000 4G (Printer) + Charge only base (Wireles	ss) \$350 – CT 41C3	\$25 – CT41C4	
Castles 1000F 4G (Wireless Activation CT 60B2)	\$10 one-time	\$10 one-time	
Castles 1000F 4G (Monthly Wireless CT 60B1)	\$10 per month	\$10 per month	
Equipment Warranty (Optional) CT 41N7	\$5 per month per device		
*Terminal communicates through charge base. Does not n	eed to sit on base to function.		
Note: If moving equipment from another MID, please note in			
		e-Commerce/Internet	
Transaction Type: Card Swipe	Key Entered  Quantity:	e-Commerce/Internet Own Rent	
	Key Entered	· -	
Transaction Type: Card Swipe Terminal Types:	Key Entered  Quantity:	Own Rent	
Transaction Type: Card Swipe  Terminal Types:  Data Capture Type:  Warranty Coverage Required: Yes  Note: Warranty Coverage is recommended.	Key Entered Quantity: Terminal	Own Rent	
Transaction Type: Card Swipe  Terminal Types:  Data Capture Type:  Warranty Coverage Required: Yes  Note: Warranty Coverage is recommended.  DEPARTMENT C	Key Entered Quantity: Terminal No	Own Rent	
Transaction Type: Card Swipe  Terminal Types:  Data Capture Type:  Warranty Coverage Required: Yes  Note: Warranty Coverage is recommended.	Key Entered Quantity: Terminal No	Own Rent	
Transaction Type: Card Swipe  Terminal Types:  Data Capture Type:  Warranty Coverage Required: Yes  Note: Warranty Coverage is recommended.  DEPARTMENT C  Responsible Party	Key Entered Quantity: Terminal No CONTACT INFORMATION	Own Rent	
Transaction Type: Card Swipe  Terminal Types:  Data Capture Type:  Warranty Coverage Required: Yes Note: Warranty Coverage is recommended.  DEPARTMENT C  Responsible Party  Department Name:	Key Entered Quantity: Terminal No CONTACT INFORMATION Bldg./Room:	Own Rent	

**Submission Instructions:** Print and sign the completed form. Attach this form to the Department Cash Handling Security Policy and send to the Director of Financial Services via campus mail.