

# 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 [UTSA Marketplace application](#).

Departments are responsible for compliance with [Financial Guidelines](#) – Cash Handling and Management and Processing Cash Payments.

REQUEST DETAILS				
1. What type of payment(s) does your department want to accept? Check all that apply?	Cash	Check	Credit Card	
2. How often will your department accept the payment method(s) above?	One-time Event		On-going 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 gain by accepting payments on behalf of UTSA?				
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?



# UTSA Financial Affairs

## 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:

### EQUIPMENT/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 (Wireless)	\$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 need to sit on base to function.

Comments:

*Note: If moving equipment from another MID, please note in comments*

Transaction Type:	Card Swipe	Key Entered	e-Commerce/Internet
Terminal Types:		Quantity:	Own      Rent
Data Capture Type:		Terminal	Third-Party Vendor/Software
Warranty Coverage Required:	Yes	No	

*Note: Warranty Coverage is recommended.*

### DEPARTMENT CONTACT INFORMATION

**Responsible Party**

**Department Name:**

**Bldg./Room:**

**Name of Director Authorization:**

**Job Title:**

**Signature:**

**Date:**

### FINANCIAL SERVICES OFFICE USE ONLY

**Responsible Party**

**Signature**

**Date**

**Approved**

**Denied**

**Asst. VP of Financial Services &  
University Bursar:**

**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.

Questions – Contact **Financial Services** (210) 458-4221, [financial.services@utsa.edu](mailto:financial.services@utsa.edu)

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