



# Credit Card and ePayment Activity Request

(Please send completed form to Cashiers, Oregon Hall)

## Description of New Credit Card Activity

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Dept \_\_\_\_\_ Phone \_\_\_\_\_

Description of Product, Service or Event

Anticipated Transaction Volume: Transactions/Week \_\_\_\_\_ Dollars/Week \_\_\_\_\_

### Processing Method:

Customer provides card number over the phone or presents card in person.

Card swipe (Hypercom terminal) Internet processing (Virtual merchant)

Customer pays online using UO centralized QuikPAY Service

Customer pays online using a third party vendor \_\_\_\_\_

Vendor Name

Business Purpose: (Who is the customer and how does this activity fit within unit mission?)

Business Process: (How will orders be processed and fulfilled?)

Webmaster Name \_\_\_\_\_ Phone \_\_\_\_\_

Deposit Coord Name \_\_\_\_\_ Phone \_\_\_\_\_

Index for Credit Card Fees \_\_\_\_\_ Index & Account for Revenue \_\_\_\_\_

## Reference Information

UO Credit Card and ePayment Processing Policy

<http://baowww.uoregon.edu/Policy/IT02.pdf>

Credit Card and ePayment Services

<http://baowww.uoregon.edu/ecommerce/>

Credit Card Procedures

<http://ba/cashiers/CreditCardHandling.htm>

## Authorization

	Print	Sign	Phone	Date
Dean/Director				
BAO Approval				