

## REQUEST FOR NEW MERCHANT ACCOUNT/POS DEVICE/PCI RELATED SERVICE

Request to setup HSBC Virtual Account (For Revenue Accounting only)

New merchant account - to set up new credit card process (Fill out Sections A to F)
  New merchant account - with existing credit card process (Fill out Sections B to F only)

Existing merchant account - request for PIN pad only (Fill out Sections B to F only)
 → Merchant account number

Request to activate/accept new card plan/brand
 → Merchant account number

Amex/JCB  
  Union Pay  
  Visa Debit  
  MC Debit  
  Other \_\_\_\_\_

<input type="checkbox"/> New/Addition		<u>New/Replacement:</u>	<u>Returned POS</u>
<input type="checkbox"/> Permanent device	Serial number	_____	_____
<input type="checkbox"/> Temporary device	Serial number	_____	_____
<input type="checkbox"/> Replacement	<input type="checkbox"/> Return	Serial number	_____
<input type="checkbox"/> Permanent device	<input type="checkbox"/> Permanent device	Serial number	_____
<input type="checkbox"/> Temporary device	<input type="checkbox"/> Temporary device	Serial number	_____

**\* - Required**

\*Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*Contact Name: \_\_\_\_\_ \*Tel. No.: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*Fax No.: \_\_\_\_\_

**A.** Have you considered using UBC ePayment (formerly CBM)?  Yes  No  
[Please visit ePayment for more details.](#) Reason/Comment for not considering ePayment.

\*Purpose for opening a new merchant account:

**B.** \*Estimated Number of transactions per month: \_\_\_\_\_ \*Product/services sold to: Canada?/USA?/International?  
 \*Estimated Dollar value of transactions per month: \_\_\_\_\_ \*Average Dollar value per transaction: \_\_\_\_\_  
 \*Type of Accounts Needed (please check):

<input type="checkbox"/> VISA	<input type="checkbox"/> American Express/JCB
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Interac (Debit Card)

**C.** Do you need a PIN pad terminal/device?  Yes  No If Yes, how many? \_\_\_\_\_  
 What type of PIN pad terminal/device do you need [standalone or integrated to payment system]? \_\_\_\_\_  
 What type of connection are you going to use [telephone dial-out, CDMA/HSPA wireless, Internet]? \_\_\_\_\_

\*Location(s) to install the POS terminal(s)/device(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \*Contact Person and Delivery Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. \*Program/applicable code for Deposits: \_\_\_\_\_ Revenue category: (for HSBC virtual acct only)

E. \*Program/Applicable code for Charges: \_\_\_\_\_ Spend category: (for HSBC virtual acct only)

F. \*Refund required?  Yes  No  
 Fewer than 30 days from purchase date  More than 30 days from purchase date

G. For New Process: (Please check applicable only)

PCI Requirements Checklist:

- 1. Card processing type
- 2. Statement of Business Purpose
- 3. Card flow process
- 4. No PAN storage Confirmation
- 5. PCI compliance of Service Provider

Yes	No	N/A

- 6. Signed agreement
- 7. Privacy impact assessments
- 8. Privacy clause statement
- 9. QSA SAQ level assessment
- 10. SAQ

Yes	No	N/A

By signing this request form, the department agrees to be PCI compliant at all times. For more details, contact Raul Ramos at rramos@mail.ubc.ca for assistance and guidance.

**IMPORTANT: No new account will be opened until MNP (QSA) signs off that the merchant payment process is PCI compliant, and/or all UBC PCI requirements are completed.**

Requested by (Name and Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**For Revenue Accounting use only:**

Approved by: James Heth, Assistant Treasurer and PCI Chair Date: \_\_\_\_\_

New Merchant Account Number