



REQUEST FOR NEW MERCHANT ACCOUNT/POS DEVICE

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]? \_\_\_\_\_

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\*Location(s) to install the POS terminal(s)/device(s): \_\_\_\_\_

\*Contact Person and Delivery Address: \_\_\_\_\_

D. \*Speedchart for Deposits: \_\_\_\_\_ Preferred revenue account code: (for HSBC virtual acct only)

E. \*Speedchart for Charges: \_\_\_\_\_ Preferred revenue account code: (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 using TD or Moneris merchant account:

Please note that Revenue Accounting will credit the deposits to the temporary clearing account (Account code 241100, 241200, 241300, 241500, 241600 or 241700).

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

PCI Requirements Checklist:		Yes	No	N/A			Yes	No	N/A
1.	Card processing type				6.	Signed agreement			
2.	Statement of Business Purpose				7.	Privacy clause statement			
3.	Card flow process				8.	OSA SAQ level assessment			
4.	No PAN storage Confirmation				9.	Privacy impact assessments			
5.	PCI compliance of Service Provider				10.	SAQ			

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: _____	Date: _____

New Merchant Account Number