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)

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

☐ Request to activate/accept new card plan/brand
  (Fill out Sections B to F only)

☐ New merchant account - with existing credit card process
  (Fill out Sections B to F only)

☐ New merchant account - with existing credit card process
  (Fill out Sections B to F only)

☐ Amex ☐ Union Pay ☐ Visa Debit ☐ MC Debit ☐ Other

☐ New/Replacement: ☐ Returned POS

☐ Permanent device Serial number

☐ Temporary device Serial number

☐ Permanent device Serial number

☐ Temporary device Serial number

☐ Permanent device Serial number

☐ 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.

*B - Required

*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):

☐ VISA ☐ MasterCard ☐ American Express

☐ 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. *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?
   
   □  Fewer than 30 days from purchase date  
   □  More than 30 days from purchase date

G. For non-UBC ePayment (formerly CBM) credit card merchant accounts (i.e. using TD or Moneris):

   Please note that Revenue Accounting will credit the deposits to the temporary clearing account (Account code 241100, 241200, 241300, 241500, 241600 or 241700). It is the department's responsibility to prepare a Journal Voucher to transfer the funds from the clearing account(s) to the appropriate revenue account(s). In addition, a Bank reconciliation is required to ensure that the funds are transferred out correctly and should be provided upon request.

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

   PCI Requirements Checklist:

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. Card processing type</td>
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<td>2. Statement of Business Purpose</td>
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<td>3. Card flow process</td>
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<td>4. No PAN storage Confirmation</td>
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<td>5. PCI compliance of Service Provider</td>
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<td>6. Signed agreement</td>
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<td>7. Privacy clause statement</td>
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<td>8. QSA SAQ level assessment</td>
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<td>9. Privacy impact assessments</td>
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<td>10. SAQ</td>
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   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 ___________________________