Office of University Bursar
800 Washington St SW (0143)
Student Services Building, Suite 150
Blacksburg, Virginia 24061
P: (540) 231-6277 F: (540) 231-3238
bursar@vt.edu

Payment Card Acceptance - Exception Form

Return completed form and required documentation to the Office of the University Bursar, attention Becky Ford, MC 0143, or through email at paymentcards@vt.edu. Contact Becky Ford at 540-231-6277, or huffmanb@vt.edu if you require additional assistance.

Department Name: _____ Date: _____

Address: _____

Department/Division Head _____ Phone _____ Email _____

Fiscal Contact Person _____ Phone _____ Email _____

IT Contact Person _____ Phone _____ Email _____

Please provide the following checklist items and complete the following questionnaire:

☐ Identification and position description of the employee(s) charged with full PCI DSS compliance

☐ Copy of Third Party Contract – existing or pending

☐ Copy of system implementation guides

☐ Copy of PCI Certificate and/or appropriate certification from Third Party Vendor (include a copy of the most recent vendor's Attestation of Compliance & last four quarters' Attestation of Scan Compliance)

☐ Copy of departmental credit card policies and procedures

☐ Credit card incident response plans

☐ Detailed data flow chart

☐ Network diagram(s)

☐ Data retention and disposal procedures

1. **Please describe the business need for accepting credit cards and why the proposed approach best meets the department's needs.**

2. **Why will the approved payment applications (i.e. Commerce Manager, CashNet and/or Standalone, Dial-out Terminals) not meet your needs?**

3. **Please describe how card payments will be accepted and processed through the proposed method.**

4. **Please list the name, title, and contact information of the person(s) who will be responsible for maintaining PCI DSS compliance.**

5. **What is the name of the Third Party Vendor(s) (Company Name, Distributor, or Service Provider)?**

6. **What is the name of the Payment Application the Vendor is providing for you?**

7. **Does the payment application use a separate payment gateway?**

   ☐ **Yes**   ☐ **No**

   If yes, what is the name of the gateway?

   Does the payment gateway require a separate contract? If yes, has the contract been submitted, reviewed and approved/signed by Legal Counsel? Please provide a copy of the contract.

8. **Will any cardholder data <u>pass through</u> a University server?**

   ☐ Yes   ☐ No   ☐ N/A, explain:

   Please provide the IP address(es) that need to be scanned:

9. **Does the department require assistance from the IT Security Office to complete a quarterly internal network vulnerability scan? If not, what software will the department use for internal network scans?**

10. **Is cardholder data (CHD) and/or other sensitive data stored on a University server or the Third Party server?**

    ☐ **University server**   ☐ **Third Party server**   ☐ **CHD not stored on any server**

    Please provide a data flow chart that shows information pass through and storage.

11. **Please describe your implementation timeline and indicate any business-critical dates.**

12. **Does the new system replace any existing systems or processes?**

13. **Is the Third Party Vendor(s) and/or Payment application(s) PCI DSS Compliant? (Please attach PCI DSS Compliance Certificate as described on page 1)**

    ☐ Yes ☐ No ☐ N/A, explain:

    Note: The OUB may decline the exception request if the Third Party Vendor is <u>not</u> PCI DSS Compliant as required by University Policy 3610 and the PCI DSS.

14. **Is this an existing program or system in your department?**

    ☐ Yes ☐ No

    If yes, is payment card acceptance an additional feature that requires a contract addendum?

    ☐ Yes ☐ No

    If yes, who signed the contract and/or addendum: _____

    Date:_____

15. **If this is a new contract, has it been reviewed by Legal Counsel?**

    ☐ Yes ☐ No ☐ In Process ☐ Not Applicable

    Who will sign the contract?

16. Will you be accepting donations?

☐ Yes ☐ No

If yes, will the donor information be stored on a University system? Please provide a list of the information you will be collecting and/or storing.

Information to be collected and/or stored:

Contact Name: _____Signature: _____Date: _____
                     PRINT

Dept. Head Name: _____Signature: _____Date: _____
                     PRINT

Exception Request Authorization

Date Received _____

☐ Approved   ☐ Declined

Signature: _____ Date: _____
            Melinda West, University Bursar

Explanation and/or Condition:

_____

_____

_____

_____

_____

_____

Decision Notification Date: _____

☐ Decision letter attached