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 pass through 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 not 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: __________

Dept. Head Name: __________________________ Signature: __________________________ Date: __________
Exception Request Authorization

Date Received ____________________________

☐ Approved    ☐ Declined

Signature: _______________________________________________  Date: ______________

Melinda West, University Bursar

Explanation and/or Condition:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Decision Notification Date: _____________________

☐ Decision letter attached