



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 Security and Confidentiality Agreement

University Policy 3610 – Accepting and Handling Payment Card Transactions

University Policy 3610 defines the university policy to ensure that payment card information is accepted and handled securely to reduce the risk of identity theft and financial fraud to university customers who make payments via such methods. All employees of the university who are involved in the accepting, processing, or reconciling of payment card sale transactions are required to complete payment card training and this security and confidentiality agreement upon hire and annually thereafter.

- This pledge of conduct verifies that I understand my role in safeguarding confidential information and that I agree to adhere to the associated rules, policies, procedures and guidelines.
- As a member of the Virginia Tech Community, I understand that the data available to me is confidential. I will limit access to the data necessary in the direct performance of my duties and responsibilities.
- I acknowledge that the information obtained from or access to card activity will be used for business purposes only. It is my responsibility to secure any reports, screen shots, receipts, card information or other data obtained from the credit card process.
- I acknowledge that I will not share my user ID or passwords that I receive with anyone.
- I acknowledge that I have no right to use, reproduce, reverse engineer, publish, license, distribute, disseminate, sell or otherwise make available to any other party any card information for personal gain or profit or for the personal gain or profit of others, or to satisfy personal curiosity.

Name: _____ Department: _____ Position: _____

Signature: _____ VT ID (Last 4 Digits): _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

By signing this document, I attest to having read, understood and agreed with the conditions and will adhere to them. I also attest to having reviewed the training and documentation appropriate to my position and responsibilities. Please print this page, sign and complete the information requested. Provide the page to your supervisor and retain in departmental records.

***Supervisor:** Maintain a record in your department for each employee who is engaged in credit card activities and has completed annual training. The individual who signs the University PCI Self-Assessment Questionnaire (SAQ) will need to attest to annual training for ALL employees who are engaged in any aspect of payment card processing, transmission, or storage.