THE UNIVERSITY OF ALABAMA Request to Establish a Credit Card Operation

Today's Date: 

Department Name: 

Mailing Address: 

City/State/ZIP: 

Physical Address (line 1): 

Physical Address (line 2, if needed): 

City/State/ZIP: 

Campus Box Number: 

Department Head/Business Manager: 

Telephone (NNN)NNN-NNNN: 

Fax (NNN)NNN-NNNN: 

Email: 

Your UA FOAP for recording credit card fees: FUND ORG ACCT PROG 743015 

Description to appear on Cardholder's Credit Card Statement in the following format: UAXXXXXXXXXXXNNNNNNN

The first 2 characters are always "UA". The next 11 characters of the description should remind your credit card customer of where they made a credit card purchase (e.g. UA Stu Rec). The final 7 characters are the department telephone, which encourages the customer to call the department rather than disputing the charge.

Will you be taking payments through a website? (Y or N): 

If so, enter the URL of your website (if one exists):

Will you need a WIRED (connected to a telephone line) credit card terminal? (Y or N): 

If so, enter the # of terminals you need:
WIRED terminals will cost $200 plus shipping each with a minimum monthly charge of $3.50 for Data Breach Insurance, which will be included on the department’s credit card statement and charged to the department’s FOAP provided above. For a wired terminal, a telephone with long distance service is required, preferably dedicated to credit card processing only. This line must be analog and not Voice-over-IP (VoIP). A nearby electrical outlet is required for each terminal.

Will you need a WIRELESS credit card terminal? (Y or N):

If so, enter the number you need:

WIRELESS terminals will cost $800 plus shipping each with a minimum monthly charge of $23.50, comprised of a $20 cell phone charge and $3.50 Date Breach Insurance.

Training, instructions and equipment set up will be provided by Student Receivables staff.

THIS FORM WAS COMPLETED BY:

NAME
DEPT/OFFICE
TELEPHONE
EMAIL

10. I APPROVE THIS REQUEST TO ESTABLISH CREDIT CARD OPERATIONS:

______________________________________________

DEPARTMENT HEAD/TITLE

Submit to:
cpoole@fa.ua.edu

Charles Poole
Box 870120
(205) 348-5350

APPROVED:

DISAPPROVED:

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Associate Director, Cash Receipting Operations DATE

COMMENTS: