 **WESTERN KENTUCKY UNIVERSITY**

CREDIT CARD TERMINAL PRIVILEGED USER ACCESS FORM

Department Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Merchant ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to comply with PCI DSS requirements, merchants must “implement strong access control measures and restrict access to cardholder data by business need to know.” Please complete the following form and include all authorized users for the terminal(s) associated with the merchant number listed:

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| --- | --- | --- | --- |
| **NAME** | **WKU ID** | **JOB TITLE** | **SIGNATURE** |
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By signing this form, the Authorized User acknowledges that he/she understands his/her role as outlined in the University’s Procedures for Credit Card Merchants and accepts responsibility of that role. Additionally, the Authorized User recognizes that the liability for a breach is accepted by the Merchant Department should a breach occur due to negligence of the department to adhere to the University’s Procedures for Credit Card Merchants.

Please notify the Office of the Bursar immediately of any changes, additions or removals of authorized users.

**For Office of the Bursar Use Only:**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Tutorial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_