

UCI Central Cashier Payment Card Services
UNIVERSITY OF CALIFORNIA, IRVINE
Request for Third-Party Payment System

INSTRUCTIONS: Please complete this form and return it to the: UCI Central Cashier, Payment Card Services,
ZOT Code 1975.

Name of Project Coordinator: _____

Email Address: _____ Phone Number: _____

Name of Department (where system resides): _____

SECTION I. VENDOR/SOFTWARE/NETWORK ENVIRONMENT

1. State the name of the software you are proposing, the vendor name, and any other business names associated with the software.

2. What is the **business** justification for using this vendor/system?

3. Are there peripheral devices involved? If so, provide the name and model of devices and describe their functionality. Include a description of all applications that will be used in addition to payment processing, if applicable.

4. Is the credit card environment logically and physically separated from all other computing networks? If so, please detail.

5. Do you plan on using wireless or cellular networks as part of the credit card environment? If so, please detail.

6. Describe the network environment and attach a cardholder dataflow diagram (required).

SECTION II. VENDOR'S PAYMENT CARD INDUSTRY DATA SECURITY STANDARD (PCI DSS)/PAYMENT APPLICATION DATA SECURITY STANDARD STATUS

7. Is the proposed vendor PCI DSS or PA DSS compliant? Please attach the **most recent** verification of compliance provided by the vendor and indicate expiration date of compliance validation (required).

8. Does the proposed vendor self-assess its compliance or does it use a Qualified Security Assessor (QSA)? If it uses a QSA, what is the name of the QSA?

SECTION III. BANKING & DEPOSIT INFORMATION

9. List the types of credit card payments that will be processed through this system (Visa, MC, AMEX, Discover).

10. Who will own and create the Merchant ID (MID) for this system, UCI or the proposed vendor? **If UCI, contact the Campus Credit Coordinator for MID setup, if applicable. If the proposed vendor, approvals must be obtained from the Campus Controller.**

11. What is the processing route of the Merchant ID? Who is the merchant processor and what platforms are used to process credit cards through? What is the name of the payment gateway?

12. Will the funds be deposited directly into a UCI bank account at the University's acquiring bank, Bank of America?

13. If the answer above is no, what is the name of the depositing bank for the MID and how will the funds be transferred to a UCI Bank account and how often (daily, bi-weekly, monthly)? **Deposits directed to the vendor's bank account before being transferred to the University's depository account require a written variance and approval by the Campus Controller.**

SECTION IV. ADDITIONAL VENDOR INFORMATION

13. Does the proposed vendor have any existing contracts with other UC campuses for these or related services? If so, give name of campus and contact person as well as overview of services provided.

14. Does the proposed vendor have contracts with other vendors that will be needed to provide the requested service for UCI? If so, please disclose additional vendors, relationships, and services to be provided.

*****Please note that all contracts with third party vendors require review and UC- wide standard contract language related to data security and applicable compliance standards. Purchasing can provide a copy of that language. If credit cards will be processed by a third party vendor, there are annual PCI compliance requirements that must be met by the campus department, as well as ongoing training.*****

APPROVALS

Completed By: _____ Date: _____
Department Project Coordinator

Approved By: _____ Date: _____
Vice Chancellor of Accounting & Fiscal Services

Reviewed By: _____ Date: _____
Manager of Cashiering & Payment Card Services

Reviewed By: _____ Date: _____
OIT Security Officer

