



MERCHANT AGREEMENT For Payment Card Processing

This Merchant Agreement must be completed and signed for the following requests:

- New Merchant Accounts
- New Instamed Outlets
- New Device Order for Payment Processing
- Device Replacement for Payment Processing

All fields marked with an asterisk (*) are required fields

I. NEW MERCHANT ACCOUNT REQUEST

*DBA Name:

(limit 23 characters) will appear on customer credit card statement

*DBA Address:

will appear on customer credit card statement

*DBA Phone Number:

will appear on customer credit card statement

DBA Fax:

*Customer Service Phone Number:

*Est. Annual Sales
Volume:

*Average Ticket
Amount:

*Max Ticket
Amount:

*Product/Service
Sold:

*Website URL:
(for Online only)

*Target Go-live Date:

If working with any Third Party
Software/Application Provider, provide
their Name and Services that they will
provide here:

Note: ALL Third Party Providers must undergo a Security Review

II. FAO DETAILS

Revenue FAO including revenue category to record revenue received and any chargebacks that occur:

*CM:

*FAO:

*RC:

Expense FAO including spend category to be charged for the monthly fees, supplies, equipment, etc.:

*CM:

*FAO:

*RC:



**AFFILIATE MERCHANT AGREEMENT
For Payment Card Processing**

III. CONTACT INFORMATION

*Main Contact Name:

*Main Contact Email:

*Chargeback Contact Name:

*Chargeback Contact Email:

*PCI Contact Name:

(individual responsible for maintaining the security of the device)

*PCI Contact Email:

IV. NEW OR REPLACEMENT DEVICE ORDER

*Order Type:

*Equipment type:

Equipment options and pricing will be shared before order is placed

*Quantity:

*Ship to Name:

*Ship to Address:

*Ship to Phone:

*Ship to Email:

*If replacing an existing device, you **MUST** provide the following:

*Current Merchant ID:

*Current DBA Name:

Current Epic Department ID:

*Number of Devices Being Replaced:

*Current Device Make/Model:

i.e.: Verifone/V400M

*Current Device Serial
Number(s):



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***V. Affiliate/Department/Division:**

The undersigned, (hereby referred to as “Merchant”) agrees to accept and process payment card transactions from customers/patients using only University approved hardware/software. It is understood that the undersigned has reviewed and will comply with the UR Payment Card Policy. Additionally, it is acknowledged that the undersigned's school or division will assume financial responsibility for the following: cost of implementation, equipment, and set up, ongoing merchant processor fees, daily and monthly reconciliation, chargebacks, disputes and any costs or losses incurred due to loss of data or unauthorized disclosure of payment card information processed by the undersigned school or division. The undersigned will also ensure all merchant staff will complete annual PCI compliance training through MyPath.

If Merchant utilizes any Third Party hardware or software, these must be approved by the University’s PCI project team and the Merchant must obtain certification of PCI compliance from such Third Part on an annual basis and provide to the Office of Treasury.

For Merchants utilizing UR Financials, all payment card receipts will be automatically posted to UR Financials via First Notice Rules and allocated to the revenue category (RC) provided in this agreement, unless alternative arrangements are mad. Therefore the Merchant agrees to take appropriate action for special handling of any exceptions that become necessary in the future that would not be posted to the RC provided.

If compliance with this agreement is not maintained, payment card acceptance privileges may be revoked. Changes to any information provided in this agreement, including FAO or contact information must be sent to **merchant_support@ur.rochester.edu**.

VI. SIGNATURES

*Merchant, Responsible Manager Name:

*Signature:

*Date:

*Dean, Chair, Director,VP or MC Finance Officer Name:

*Signature:

*Date:

Any questions, contact:

- **Merchant_Support@UR.Rochester.edu**
- Maryna Lozovatskiy at mlozovat@ur.rochester.edu or 276-7870
- Kathy King-Griswold at kathy.king-griswold@rochester.edu or 275-6968