



Boston College
PAYMENT CARD PROCESSING REQUEST & AGREEMENT FORM

Questionnaire:

1. What is the name of your university approved program/event/function?

2. What department is the program/event/function associated with?

3. Briefly describe your program/event/function?

4. Who will be responsible for overseeing this?

5. What is the estimated revenue? \$ Transactions:

6. Will you be accepting payment cards? Yes No

7. Does your department have a current website? Yes No If yes, please provide department website URL:

8. Does your department have someone with experience working with web applications?
 Name:

Email:

9. Please provide an estimated date of when you will need the site available:

Also, provide event name and date of event:

10. Funds are deposited into the following revenue chartstrings:

11. How will you be collecting your revenue? Dues / Fees Merchandise Donations Subscriptions
 Registrations Other (Please specify)

12. Will this information need to be interfaced to any other application other than PeopleSoft Financials?
 Yes No If yes, please provide name of application:

We/I have accurately filled out the information above and have read the Boston College Policy "Accepting Payment Cards for Conducting University Business" and agree to abide by the policy by signing this form:

Approvals:

<input type="text"/>	<input type="text"/>
Primary Contact	Date
<input type="text"/>	<input type="text"/>
Data Security Officer (DSO) for the area	Date
<input type="text"/>	<input type="text"/>
Dean, or Vice President's Office	Date

Approved by Cash Services? Yes No

Signature of Approver in Cash Services

Date of Approval