



E-Commerce Authorization Form

New Form

Treasury Department
516 High Street
650-2508 MS-9026

Department Name:

Location:

Description of goods, fee or service:

Currently do E-Commerce New User (if NEW is selected, please answer questions 1 and 2 listed below:

1. Anticipated # of internet transactions per month:
2. Average per transaction dollar amount:

Indicate the system for which authorization is requested (Standard or Specialized):

University Standard System

Budget String for internet income:

FAST Index	Fund	Org	Acct	Prog
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Budget String for processing costs:

FAST Index	Fund	Org	Acct	Prog
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Specialized Payment System

System Name:

System has been certified to be PCI-DSS compliant: Yes No

By submitting this form, I certify that my department will comply with University POL U-5351.14 Accepting, Processing and Securing Payments Through the Internet.

Financial Manager Name

Phone

Treasury Services Use Only

Approved for:

Standard payment system processing

Specialized payment system processing

Comments:

[ROUTING INSTRUCTION](#)

The submitter must enter their 8 digit University ID, 6 digit University PIN, and email address of the person to send the form to for further processing. Press **SUBMIT** to send it. [More Information](#)

ID #

Pin #

Email To:

[Check Email](#)

(The Email To field is ignored for the SAVE and ATTACH form actions.)