UAF eCommerce Request Form

Campus: UAF
Department Requesting: ________________________________

Primary Department Contact: ________________________________
Email: ___________________________ Phone: ______________________
Address of Physical Location:

Website URL: ________________________________
Fund/org to be charged for monthly processing fees: ______________ / ______________
Reason for Request:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

uStore:
(List all detail codes that will be used. Use an additional sheet if necessary.)

uPay: ______________

One time use or continual: ________________ Projected transaction volume per month: __________

By signing below, I attest that I will sign and forward a PCI Security Agreement Form to the Bursar’s Office within one week of request. By doing so, I understand this means I have read and understand the University of Alaska Administrative Policy of Payment Card Industry (PCI). Furthermore, I understand that failure to do so may result in a loss of credit card processing privileges. Requests will not be honored without PCI Security Form from Primary Contact.

Name: ___________________________ Signature: ___________________________ Date: __________

FBO Approval: ___________________________ Date: __________

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