Credit Card Payment Option Request Form

Department Name:			
Department Contact:			
Business Purpose:			
Is this business purpose new?	Yes	No	
If not, what is your current pro	cess?		
Is this a one-time event?	Yes	No	
Request need by date:			
Anticipated annual volume of transactions: #		\$	
Who will be your customers?	Students	Employees	Public
How will cards be accepted?	Card Present	e-Commerce	Phone/mail order
Payment Options Requested:			
 CashNet e-commerce site EMV/swipe credit card terminal 			
2) EMV/swipe credit card terminal3) Mobile credit card terminal			
Revenue Account line:			
Department credit card fees charged to:			
(Fees are approx. 3% of transac	ction amount)		
My approval below indicates that I have reviewed the Gettysburg College credit card procedures and that I understand the responsibilities of credit card acceptance.			
Requested by:			
Approved by:			