

Responsibilities of Credit Card Handlers and Processors

As a credit card handler or processor for Loyola University Chicago, I agree to abide by the provisions outlined in this document and my signature acknowledges that I have read and understand the following (3) CMS documents: 1.) *Credit Card Policy*, 2.) *PCI Training Documentation*, and 3.) *Responsibilities of Credit Card Handlers and Processors*. If I need further clarification, I can refer to the Loyola University Cash Management Services (CMS) Credit Card Policies located at <https://www.luc.edu/finance/casmgm.shtml>

I will NOT do the following:

- 1) Acquire or disclose any cardholder's credit card information without the cardholder's consent, including but not limited to the full or partial 16-digit credit card number (PAN) or three- or four-digit validation code (CVV, usually located on the back of credit cards).
- 2) Request a cardholder's PIN (personal identification number).
- 3) Transmit cardholder's credit card information by e-mail, fax, instant message, chat or any other unencrypted form of transmission.
- 4) Electronically store any credit card information on a University computer, server or electronic USB flash drive or optical storage (e.g., CD, DVD).
- 5) Process credit card payments via cell phones, iPads, tablets or other similar devices.
- 6) Process credit card payments on the University's wireless network unless CMS approves and provides a P2PE Point of Sale (POS) credit card device.
- 7) Share a username and password to a computer and/or application with credit card information.
- 8) Allow a 3rd party to process payments on-campus using University analog lines, Ethernet connections or Wi-Fi. I will not share my username and password with 3rd parties who come on-campus, nor will I knowingly allow third parties to use University's guest wireless access to process credit card payments.
- 9) Leave any paper copies containing payment card data in an unsecure area.
- 10) Use a QR code linking to an eCommerce payment page without the approval of CMS.
- 11) Accept credit card payments over the phone without CMS departmental approval and procedures.
- 12) Process any credit card payments without the approval of CMS.

I will DO the following:

- 1) At time of employment, agree to complete a background check within the limits of local law.
- 2) Change a vendor-supplied or default password if I have access to a computer and/or application with credit card information.
- 3) Password-protect my computer if I have access to credit card data in the approved secure databases. This includes locking my workstation if I leave it unattended and using a password protected screen saver.
- 4) If I have been approved by CMS to process eCommerce payments on behalf of a cardholder, I will use both University's LSA and RDS server and will not utilize wireless devices such as tablets or mobile phones.
- 5) Keep credit card information and POS equipment secured at all times.
- 6) Notify CMS if credit card information is stored on my computer.
- 7) Escort and supervise all visitors, including LUC personnel from other business units, into my area where cardholder information is maintained.
- 8) Store all physical documents containing credit card information and any POS credit card devices behind a **DUAL LAYER** of security (such as two of the following four locations: in a locked drawer/file cabinet, safe-which is bolted to the floor, locked office, device is secured with a tether lock, or behind a badge secured area).
- 9) Physically inspect all POS credit card devices used by my department at the periodic schedule determined by CMS.
- 10) Follow the policies and procedures set by Loyola's CMS and ITS Department.
- 11) Report any credit card security incident immediately to my supervisor, CMS, and Information Security and Compliance, if I know or suspect credit card information has been exposed, stolen, or misused.

I acknowledge that I have read and understood the above information, as well as the Loyola University of Chicago Credit Card Policy and PCI Training Documentation provided to me as part of this training.

Signature	Date	New Trainee / Re-Trained Circle One
Print Name	Department, Campus	Staff / Student / Faculty Circle One