

Credit Card Security Florida Atlantic University Accepting Credit Cards: Self Assessment Questionnaire

The authority to accept credit cards (in person, by mail, phone or online) must be specifically granted by the Controller's Office.

Our department	t accepts credit cards (check all that apply):
	In person
	By phone
	By mail
	By fax
	Online payment
We use a third	party payment gateway other than Touchnet (Marketplace or Paypath)
	Yes (indicate name)
	No
We have identi	fied a primary custodian, responsible for safeguarding credit card information.
	Yes (indicate name)
	No
	NA
If your departm	nent uses a credit card terminal, please indicate the model number(s):
I confirm that c	eredit card information is kept in strictest confidence to protect the cardholders and Florida
Atlantic Univer	rsity
	Yes
	No

Deposits includi	ing credit card receipts are reconciled to general ledger to ensure that income is property
recorded to our	account.
	Yes
	No
I confirm that al	l paper and electronic media pertaining to credit card transactions (including paper receipts,
paper reports, fa	xes CDs, disks in employee desks and open workspaces, and PC hard drives) are physically
secure.	
	Yes
	No
All credit card in	nformation is destroyed as soon as it is no longer needed for business or legal reasons.
	Yes (describe how it is destroyed: cross-cut shredded, incinerated,
pulped	or other)
	No
Periodically, cre	edit card information is checked to ensure it is securely stored.
	Yes (who has this responsibility?)
	No
I confirm that th	e items "to be shredded" are kept in a locked and secure area.
	Yes
	No
I confirm that cr	redit card transactions received via phone, fax or mail are processed immediately.
	Yes
	No
Our department	understands the risks and the responsibility associated with accepting credit cards.
	Yes
	No

I understand that it is the policy of Florida Atlantic University to prohibit the use of any credit card	
machine or terminal that displays the entire cardholder account number.	
Yes	
No	
I understand that it is unethical for any Florida Atlantic University employee with access to cardhold	er
information to divulge that confidential information either directly or indirectly.	
Yes	
No	
I have read the Credit Card Security Procedures available at	
http://www.fau.edu/controller/cash_management/policies.php	
Yes	
No	
I understand that failure to comply with Florida Atlantic University's Credit Card Security Policies in	nay
result in disciplinary action including termination.	
Yes	
No	
Name (print or type)	
Title	
University Department	
Office Location	
Signature	

Please return this form, upon completion, to Dianna Zaia Adm 10/290 or fax to 561-297-1060.