## HOW TO COMPLETE CREDIT/DEBIT CHANNEL REQUEST FORM

1. Review the Credit/Debit Card Acceptance Procedures and click the link to the "Credit/Debit Channel Request" form. This form should be completed by the business unit's functional contact – someone considered a subject matter expert with the product, software, or third party that is being requested for approval).

## Accepting Credit/Debit Cards

Any department wishing to accept credit/debit cards must first have authorization from the university CFO or their designee to be a cash collection site. To accept credit/debit cards, the university's CFO or their designee must approve all physical locations, websites, 3<sup>rd</sup> party processors, or any channel accepting credit/debit card payments by the university. Credit/debit card payments will only be accepted at approved locations using an approved CSU merchant card processor. The CFO or their designee must first approve any change involving credit card acceptance. Department managers wishing to accept credit/debit cards should review the campus Credit/Debit Card Acceptance Procedures and then complete and submit the Credit/Debit Channel Request form (Select: FA-SFAR-Credit\_Card\_Channel\_Request\_Form).

2. On the next page, select "Credit Card Channel Request Form."

Workflow Selector			
Please Select Workflow from Dropdown List	~		
Please Select Workflow from Dropdown List			
FA-SFAR-Cash_Establishment_Collection_Point			
FA-SFAR-Credit_Card_Channel_Request_Form			
FA-SFAR-Federal_Drawdown_Approval			
FA-SFAR-Past_Due_Student_Account_Repayment_Agreement			
FA-SFAR-Petty_Cash_Reimbursement_Form			

3. Add the email addresses for Business Unit Contact and MPP responsible for the cash collection site and click the 'Submit' button.

FA-SFAR-Oredit_Card_Channel_Request_Form Instructions I. Please edit the [Name] manually in the 'Doc 2. Fill in the email for each signing role listed 3. Signers will receive an email inviting them 30 Functional Contact Enter Recipient's Email Responsible Administrator	d below.			
I. Please edit the [Name] manually in the 'Doo 2. Fill in the email for each signing role listed 3. Signers will receive an email inviting them 3U Functional Contact Enter Recipient's Email	ocument Name' below. d below. 1 to sign this document.			
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B. Signers will receive an email inviting them BU Functional Contact Enter Recipient's Email	to sign this document.			
BU Functional Contact				
Enter Recipient's Email	Enter email address of Business Unit's subject matter expert			
i	Enter email address of Business Unit's subject matter expert			
Responsible Administrator				
Enter Recipient's Email	Enter email of MPP responsible for cash collection site that will use product, software, or third party to process credit/debit cards			
SFS Director				
jdrake@csusm.edu				
Document Name				
FA-SFAR-Credit_Card_Channel_Request_Form - [Name]				
Messages				
Please Sign.	Enter message where applicable and click 'Submit' button			
Files				
Document FA-SFAR-Credit_	_Card_Channel_Request_Form			
	Submit			

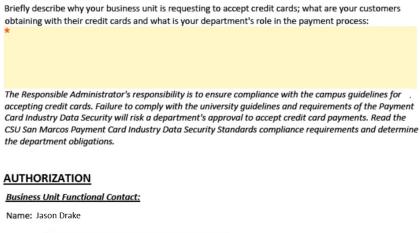
4. The form will route to the Business Unit Functional Contact, then to the responsible MPP, and then to the SFS Director for review. The top portion of the form has general information about the location

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Division/Department Name: Financial Aid	
Financial Account Location (University, Auxiliary Organization):	University - Cougar Central
Merchant ID, If Known:	
Business Unit Functional Contact: Sample SME	
Title: Technical Specialist	
Telephone: 888-555-1212	
Responsible Administrator: Sample Manager	
Title: Manager, Financial Aid	
Telephone: 888-555-1234	

5. The bottom portion of the form will include the description of the product, software, service, or third party being requested for authorization. It will also request the signature of the requestor (business unit functional contact).

## DESCRIPTION OF REQUEST



Signature: \* Click here to sign

Date: 04/13/2021

6. Upon the request being submitted, the form will route to the MPP responsible for the cash collection site, and then to the Director of Student Financial Services for review.

If any questions remain, or any assistance with the form is needed, please contact Student Financial Services at <u>sfs@csusm.edu</u> or 760-750-4490.