LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Bursar Operations
125 Thomas Boyd Hall

RESPONSIBILITIES OF CREDIT CARD HANDLERS AND PROCESSORS AS539

As a credit card handler or processor, I agree to abide by the provisions in this document. If I need further clarification, I will refer to FASOP: AS-22 "Credit Card Merchant Policy".

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 sixteen (16) digit credit card number, three (3) or four (4) digit validation code (usually on the back of credit cards), or PINs (personal identification numbers).
2. Transmit cardholder's credit card information via e-mail or fax.
3. Electronically store on a University computer file or server any credit card information.
4. Use an imprint machine to process credit card payments. (An imprint machine is a non-electronic portable device that slides over a customer's credit card and displays the full 16 digit credit card number on the customer copy.)
5. Share a computer password if I have access to a computer with credit card information.

I will DO the following:

1. As a condition of my employment, I agree to complete a background check at any time, within the limits of local law.
2. Change a vendor-supplied or default password if I have access to a computer which stores, transmits, or handles credit card information.
3. Password-protect my computer if I have access to credit card information on a computer.
4. Escort and supervise all visitors including LSU personnel in areas where cardholder information is maintained.
5. Store all physical documents or storage media containing credit card information in a locked drawer, locked file cabinet, or locked office.
6. Immediately report a credit card security incident to my supervisor, Bursar Operations, and the Chief IT Security and Policy Officer. If I know or suspect credit card information has been exposed, stolen, or misused, I will notify:
   a. My supervisor in writing
   b. Bursar Operations via e-mail to bursar@lsu.edu and via phone to (225) 578-3357
   c. Chief IT Security and Policy Officer via e-mail to security@lsu.edu and via phone to (225) 578-3700

   This report must not disclose via fax or e-mail credit card numbers, three or four digit validation codes, or PINs. The report must include a department name and contact number.

Merchant Name _____ Merchant ID _____

_____	_____	_____
Employee's Signature	Print Name	Date
_____	_____	_____
Supervisor's Signature	Print Name	Date

FOR ACCOUNTING SERVICES USE ONLY

Processed by _____ Date _____

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