



Bursar & Treasury Services

Finance & Administration

UNIVERSITY OF GEORGIA

Credit/Debit Card 3rd Party Vendor Processor Application Bursar's Office

Name of Vendor:		Dean/Director/Department Head:	
		Name:	
Vendor Contact:		Title:	
Title:		Telephone #:	
		Email Address:	
Vendor Address:		Business Point of Contact:	
		Name:	
		Telephone #:	
		Email Address:	
Vendor Phone #:		IT Point of Contact:	
		Name:	
Vendor EMail:		Telephone #:	
		Email Address:	

Application:

Describe how credit/debit cards will be processed using your software and/or point of sale devices

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Please specify the following:

Payment Gateway: (If other than YourPay Connect, please give details)

Gateway:	
Contact Name:	
Telephone #:	

Department Approval:

Dean/Director/Dept Head: _____ Date: _____

To Be Completed By Bursar's Office

Vendor Approved(Date): _____	Approved By(Name): _____
Merchant Account Name: _____	MID/TID: _____
MasterCard/Visa: _____	Discover: _____
American Express: _____	

Merchant has been given/taken:	
Copy of Policy and Procedures:	
Training Events Attended:	