McGill

Prior to completing this questionnaire:
1) **Read and understand the Merchant (PCI) Policy and Procedures.**
2) **Read and understand the Merchant Manual.**

MERCHANT QUESTIONNAIRE

I. MERCHANT GENERAL INFORMATION

(max. 25 characters including "McGill_" and name of conference, seminar, workshop - this should be what appears on client's credit card statement)

Merchant Name:

Business Mailing Address:

Business Purpose:
(Brief description of the business activity, including goods/services you are offering):

Where will the event take place (if applicable)?

Customers will be residents of: ☐ Quebec   ☐ Other Canadian Provinces   ☐ Foreign

Desired start date:
YEAR-MM-DD

Expected end date to close the merchant:
YEAR-MM-DD (date should be after the refund date limit)

Merchant number (to be completed by Supervisor, Banking Services)

II. MERCHANT KEY CONTACT INFORMATION

This person is accountable & responsible for all credit/debit card processes and is the key contact for Banking Services.

Name (first last):

McGill ID: *Position Title:*

Email: *Phone:*   *External Fax:*

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III. MERCHANT TYPE

In order to determine the type of merchant you are requesting, please read the following and select the appropriate box.
(If you require more than one merchant type, please complete one questionnaire per merchant type.)

☐ **E-Commerce merchant**

You are requesting an E-Commerce merchant if: your customer (the cardholder) will be making a payment over the internet through a website, an app, or any other interface, and is prompted to enter their credit card number, expiration date and card verification code/value.

Have you had an e-commerce merchant before for a similar event? ☐ Yes ☐ No

☐ **Stand-alone Terminal (PINPad) merchant**

You are requesting a Stand-alone Terminal (PINPad) merchant if: your customer (the cardholder) must insert or swipe the card in the PINPad in order to make a payment, deposit, or donation. The Terminal (PINPad) is not integrated with a cash register/software/hardware and the credit card information cannot be captured in the cash register/software/ Hardware

N.B.: Only indicate model(s) and number of units for new merchant orders below. Do not use this section for the Annual Merchant Questionnaire (AMQ) - a separate form will be provided to you for the AMQ.

Terminal model: [   ]   Number of new units required: [   ]

Terminal model: [   ]   Number of new units required: [   ]

Additional hardware: [   ]   Number of new units required: [   ]

☐ **Point of Sale (POS) merchant**

You are a Point of Sale (POS) merchant if your customer (the cardholder) must insert or swipe the card in the PINPad in order to make a payment, deposit, or donation. **The Terminal (PINPad) is integrated with a cash register/software/ hardware**.

Please indicate the number of PINPads you require: [   ]

Please describe the database/ system/software/hardware that you will be using: [   ]

Has the PCI Steering Committee approved your database/ system/software/hardware*? ☐ Yes ☐ No

*Please note: you may be requested to submit additional information and/or data flow diagrams.
 Questions? Send e-mail to PCIComplianceSteeringCommittee@campus.mcgill.ca

☐ **Interactive Voice Response (IVR) merchant**

You are requesting an Interactive Voice Response (IVR) merchant if: you (the merchant) enters the credit card information (primary account number, expiry date, and transaction amount) via the University's contracted vendor payment processing automated phone system to process the payment. The use of soft phones (i.e. telephone software, Skype, etc.) is not permitted. If the cardholder is present, the merchant will use the imprinter to make an impression of the credit card along with cardholder signature as proof of payment.

<u>Type of telephone to be used</u>: **Analog** ☐ **Regular telephone line** **VoIP** ☐ **Voice over Internet Protocol (VoIP), is a technology that allows you to make voice calls using a broadband Internet connection instead of a regular (or analog) phone line.**

IV. CARD TYPES

Which types of cards will be accepted? (you can choose more than one)

☐ VISA/MasterCard

☐ AMEX

☐ Debit (not available for E-Commerce or IVR merchants)

V. FINANCIAL INFORMATION

FOAPAL to debit all fees, adjustments and chargebacks:

Fund [ ] Org [ ] (Account determined by Banking Services) Prog [ ] Actv [ ] Locn [ ]

Fund Financial Manager of this FOAPAL: [ ]

VI. REFUND POLICY

Please explain what your refund policy is and how you will ensure the refund policy is communicated to your customers:

VII. E-COMMERCE MERCHANTS ONLY

A. Merchant Resource Centre (MRC)

The Merchant Resource Centre (MRC)/Virtual Terminal is an online, web-based tool that offers the following functions: **voids**, **refunds, processing payments*** and some **reporting**.
*Please note that access **will not be given to you to process payments** on behalf of your customers in the MRC. Your clients should process their registrations and payments themselves, on their own PCs.

If this type* of access is required, please provide a business reason:

B. PCI-DSS Scope

Will you:

Allow customers to use your device (i.e. desktop/laptop/tablet/mobile device etc.) to make payments on your website?

☐ Yes   ☐ No

If you answered yes to this question, your device(s) is/are ⸴⸴⸴ ⸴ PCI-DSS and a member of Information Technology Services will be following up with you.

Collect credit card information over the phone from your customers?

☐ Yes   ☐ No

Allow your customers to provide you with their card holder data by voicemail?

☐ Yes   ☐ No

C. Website

Website address (URL):

E-commerce Solution:

☐ ConfTool GMBH (www.conftool.net)

☐ Cvent (www.cvent.com)

☐ Other (provide details below *)

☐ Internally built ⸴MGi l⸴staff (pro i e details⸴below *)

Company/Person:

Email:

Tel. :   *McGill ID:*   (if applicable)

All cloud solutions must comply with McGill's Cloud Data Directive available at https://www.mcgill.ca/it/files/it/cloud_data_directive.pdf

IX. CUSTOMER ORDER FORMS & FAXING

Will you be creating customer order forms requesting credit card information from your clients? ☐ Yes ☐ No

If yes, please confirm that these forms will clearly indicate that they can only be faxed to the merchant's fax number or delivered in person (if applicable).
Example of the disclaimer: "For security reasons, please do not send your credit card information electronically (email, instant message, scanned document, etc.). To fax this form, please sent it to fax number: (999) 999-9999 or bring it to the following address: 1234 Main Street, suite 9999, Montreal (QC) X9X 9X9."

☐ Yes, I confirm.

X. CARDHOLDER DATA & FAXING

Will you be receiving cardholder data on documents via fax? ☐ Yes ☐ No

If yes, please select the type of fax machine you will be using:

☐ A dedicated fax machine in a controlled environment
☐ A shared fax machine with an authentication functionality (i.e. password must be typed in to release the document or a McGill ID must be swiped)

XI. SUPPORTING DOCUMENTATION/PROOF OF SETTLEMENT

A. *Will you be retaining any supporting documentation and/or proof of settlement which contains cardholder data?*

☐ Yes ☐ No

If yes, read and confirm that all of these steps will be followed:

☐ Black out the primary account number (PAN) (the first 6 and last 4 digits of the number may remain visible).
☐ Photocopy the document that has the PAN blacked out.
☐ Shred the original document.
☐ Retain only the photocopied document.

B. *How long will you be retaining the supporting documentation?*
(You may refer to the **McGill University Records Retention Schedule - archives.mcgill.ca/recmanage/recsrch.htm**):

C. Please confirm that you are not printing reports that contain card holder data.

☐ Yes, I confirm.

D. Please confirm that you <u>are neither collecting nor storing</u> the credit card value (CVV). The CVV is a three-four digit found at the back of most credit cards.

☐ Yes, I confirm.

XII. SCANNING

A. If you are scanning any document (e.g. customer order form, supporting documentation, proof of payment) that contains cardholder data, please confirm that you will black out the PAN except for the first 6 digits and the last 4 digits before scanning.

☐ Yes, I confirm.   ☐ N/A, I do not scan

B. Also confirm, that once your documents are scanned and saved on your network, you will then shred the original documents.

☐ Yes, I confirm.   ☐ N/A, I do not scan

XIII. DISPOSAL REQUIREMENTS

A. If documents containing cardholder data are shredded, please confirm the type of shredder you will be using (strip-cut not acceptable):

☐ cross-cut

☐ micro-cut

☐ strip-cut

B. If the shredder stores paper prior to shredding, please confirm the container is securely locked.

☐ Yes, I confirm.   ☐ N/A, I do not store

C. If documents that contain cardholder data are to be transported in boxes, please confirm that the boxes are sealed prior to being in transit.

☐ Yes, I confirm.   ☐ N/A, I do not transport

XIV. SERVICE PROVIDERS

If Service Providers (transportation, shredding, website developers/companies) are involved in the merchant process, please provide the name and website of the company and service(s) provided by them:

All Service Providers must be PCI-DSS compliant.

XV. UNIQUE IDs & PASSWORDS

Please confirm that a unique ID and password is assigned to each user with respect to Merchant Direct and Merchant Resource Centre/Virtual Terminal.

☐ Yes, I confirm.

XVI. TAX ASSESSMENT

Note: You will be contacted by Financial Services for tax assessment when you first order your merchant account

Tax assessment (to be completed by Financial Services)	

SIGN OFF/APPROVAL - MERCHANT KEY CONTACT (original signature required - print/sign/scan this page & send with rest of form)

Name:

Date:

REQUESTED BY *(if different from the Merchant Key Contact)*

Name: *Unit:*

Email: *Phone:*

Date: