

University of North Carolina Wilmington

Credit Card Acceptance Questionnaire

Purpose of Form: To identify requirements for department credit card acceptance.

Electronic Form: Use Submit Button below when form is completed.

Department Name: _____ **Date:** _____
Department Contact: _____ **Phone Ext:** _____
Title: _____ **Email:** _____@uncw.edu

YES NO

1. Does the department currently have receipting privileges?
2. Does the department currently accept credit cards?
3. Does the department currently use a Point of Sale (POS) machine?
4. Does the department currently accept credit cards via the web?
5. Does the department desire to use a Point of Sale (POS) machine which requires a dedicated analog telephone line?
6. Does the department desire to accept credit card transactions via the web?
7. Are you aware that the department will be charged monthly merchant transaction fees based on the monthly dollar volume of transactions?
8. Does the department have a trust fund to pay the merchant fees?
9. Does the department need a new fund number established for the revenue source?
10. Does the department need a new account number established for recording the revenue?

Send completed form to Controllers Office