Payment Card Merchant Compliance Statement

As a UW Stevens Point Merchant Coordinator, or designated back-up, with responsibilities for coordinating payment card activities, handling payment cards and cardholder data, and reconciling payment card funds, I recognize that I have access to sensitive and confidential information. I will strive to protect UWSP and its customers at all times when making decisions concerning payment cards and cardholder data, and I agree with the following statements:

- I have read, understand, and agree to abide by UWSP's Payment Card Processing and Compliance Policy, and other related policies including: Information Security Policies, and the Cash Handling Policy and Procedures.
- I will continually strive to ensure our merchant cardholder data environment (CDE) is in continuous compliance with laws, rules, and policies governing the processing of card payments, including PCI DSS requirements.
- I will provide the PCI Compliance Team with all requested documentation for verification of ongoing PCI DSS compliance.
- I will inform the PCI Compliance Team promptly of any changes to the Cardholder Data Environment (CDE).
- I will maintain an accurate equipment inventory log for equipment associated with the CDE.
- I will utilize cardholder data for UWSP business purposes only.
- I will not use or distribute cardholder data for personal purposes. I understand that such actions are illegal and grounds for prosecution.
- I understand that in cases where I suspect a breach of security, including the suspicion that cardholder data has been exposed, lost, stolen, or misused, I must immediately contact the Controller and Information Security Office.
- I understand that I must maintain effective business processes for accepting, processing, retaining, and disposing of cardholder data.
- I understand that failure to comply with this policy and applicable policies, standards, and procedures may include loss of the ability to process payment card transactions and disciplinary action, which can include termination of employment.

Employee Name:		
Print Name	Signature	Date
Employee ID Number:	Department Name:	
Department Manager Approver:		
Print Name	Signature	Date