

Payment Card Security and Ethics Agreement

Applicable to: Any individual who is involved in the acceptance, capturing, storage, transmittal and/or processing of payment cards, and/or who manages/oversees the completion of this work, on behalf of Queen's, as part of their employment with the University and/or applicable service providers.

As an individual who is involved in the acceptance, capturing, storage, transmittal and/or processing of payment card information from customers for the payment of services, and/or who manages/oversees the completion of this work, I recognize that this information is sensitive and valuable. I recognize that the Merchant and/or Queen's University is contractually obligated to protect this information against the unauthorized use or disclosure in the manner defined by the Payment Card Industry's Data Security Standard (PCI-DSS). I also recognize that should such information be disclosed to an unauthorized individual, the Merchant and/or Queen's University could be subject to fines, increased payment card transaction fees and/or suspension of credit card privileges.

As an individual whose role includes the acceptance, capture, storage, transmission, and/or processing of payment card information, and/or who manages/oversees the completion of this work, I agree with the following statements:

- I have read and agree to the requirements stated in the Policy for the Acceptance of Payment Cards and the Procedures for the Acceptance of Payment Cards.
- I understand that I may only accept card payments using methods approved under the University's Policy for the Acceptance of Payment Cards and the University's Procedures for the Acceptance of Payment Cards.
- I have read and understand the requirements stated in the PIN Pad Security Procedures and understand my role in preventing PIN pad fraud (if applicable).
- I have completed and passed the appropriate training course within the last 12 months (if applicable).
- I understand that, as an individual who may have access to payment card information, I am responsible for protecting the information in the manners specified within these policy and procedures and in accordance with Queen's policies and procedures including the Electronic Information Security Policy and Access to Information and Privacy Policy. Further, I understand that I am also responsible for effectively protecting the credentials (IDs and passwords) and the computers that I may use to process credit card transactions.
- I understand that I must destroy payment card information as soon as it is no longer necessary as described in the procedures.
- I understand that in cases where I suspect a breach of payment card information has occurred, I must immediately report the breach as per the Payment Card Acceptance Procedures.
- If I manage an area that handles payment card information, I understand that I must have appropriate checks and balances in the handling of payment card information, and that I am responsible for ensuring compliance with the policy.
- I commit to comply with the policy and its documented procedures, and understand that failure to comply with the above requirements may subject me to a loss of payment card handling privileges and other disciplinary measures. Non-compliance could result in termination of employment or contractual agreement.

Signature: _____ Date: _____

Print Name: _____ Department: _____

Please submit this signed form to the PCI Merchant Contact for the Department listed above.