



# Requisition Form – New Debit/Credit Card Facility

Merchant Legal Name: Queen's University

Doing Business As (Department Name): \_\_\_\_\_

Business Address: \_\_\_\_\_

Deadline for Setup (if applicable): \_\_\_\_\_

**Type of facility required:**

- Point of Sale (POS) Terminal
- Hosted Checkout Online/Account
- Wireless POS Terminal
- Virtual Terminal

**Payment types to accept:**

- Visa
- MasterCard
- American Express (AMEX)
- Debit
- Other \_\_\_\_\_  
(Please specify)

**Estimated Volumes:**

Payment Type	# of Transactions	\$ Value of Transactions
Visa		
MasterCard		
AMEX		
Debit		
Other (please specify)		

Revenue Chartfields - for deposits: \_\_\_\_\_

Expense Chartfields - for fees: \_\_\_\_\_

Banking Information - departmental bank account (if applicable): \_\_\_\_\_

**Signatures:**

By signing below I acknowledge that all of the costs associated with this Merchant Account will be charged to the department specified in this form, and that all of the Security Requirements associated with operating the Merchant Account are the responsibility of the department specified, and will be adhered to for the entire duration of time that the account remains active.

**Account Administrator**

**Account Signing Officer**

Full Name \_\_\_\_\_  
(Please print)

Full Name \_\_\_\_\_  
(Please print)

Phone # \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_