

St. Norbert College
Credit Card Processing & Data Security Procedures



Credit and Debit Card Security and Ethics Agreement

Applicable to: **Any individual who accepts, captures, stores, transmits and/or processes credit or debit card information**

Effective Date: **July 14, 2010**

Many College departments accept credit/debit card information, such as credit/debit card numbers, expiration dates and card verification codes, from donors, purchasers of College publications and services, etc.

I recognize that this information is sensitive and valuable and that the College is contractually obligated to protect this information against its unauthorized use or disclosure in the manner defined by the Payment Card Industry's Data Security Standard, and should such information be disclosed to an unauthorized individual, the College could be subject to fines, increased credit and debit card transaction fees and/or the suspension of our credit and debit card privileges. As an individual whose role includes the acceptance, capture, storage, transmission and/or processing of credit and/or debit card information, I agree with the following statements:

- I have read the requirements stated in the College's Credit Card Processing and Data Security Procedures (Policy).
- I understand that I may only accept credit and debit card payments using methods approved by the College Finance Department.
- I understand that, as an individual who has access to credit and debit card information, I am responsible for protecting the information in the manner specified within the 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 or debit card transactions.
- I understand that I must destroy credit and debit card information as soon as it is no longer necessary using methods prescribed by Policy.
- I understand that in cases where I suspect that a breach of credit or debit card information has occurred, I must immediately report the breach to the College Finance Department.
- I commit to comply with the Policy and its documented procedure, and understand that failure to comply with the above requirements may subject me to a loss of credit card handling privileges and other disciplinary measures. For employees, non-compliance could result in termination of employment.

Signature: _____ Date: _____

Print Name: _____