

Exhibit B
New Department/Unit Bank Card Checklist (6/08)
Click or type in shaded or box areas where applicable. Tab to the next line.

Department/Unit Name:

Merchant Location Name: UA

Unless approved by Bursar's Office, total length of location name (including spaces, UA prefix, and EComm suffix) must not exceed 22 characters. This is the name that will show up on buyer's statements.

Merchant Responsible Person/ Representative: _____ **Phone No.:** _____
Email address: _____ **fax:** _____
Physical Address of Merchant POS/ECommerce: _____ **Statement Address:** _____
Shipping Address: _____

- **How do you want to process Bank Cards?**
 - **Internet/ eCommerce (Cybersource)**
 - **Point of Sale (POS) terminal**
 - **Register Software** **Software:** _____ **Software Web Interface (Gateway):** _____
 - **Dial Pay /Phone Authorization Service**
- **Do you have your own terminals? Yes** **No** **What type?** _____
- **Do you need POS terminals? Yes** **No** **N/A**
 - **How many?** _____
 - **Will you have tellers/clerks sharing one terminal? Yes** **No**
- **Do you need imprinters? Yes** **No** **(one terminal is required for each location). Amount?** _____
- **Are you going to accept Pin Based Debit Cards? Yes** **No** **N/A**
- **Other than Mastercard/Visa, are you going to accept American Express? Yes** **No**
Discover- Yes **No**
- **Date Needed?** _____ **(mm/dd/yy)(Lead time minimum 15 business days)**
- **What product(s) or service be offered to purchase? Average Ticket:\$** _____
Annual Volume:\$ _____
- **What are the FRS number and Object Code Numbers associated with the Bank Card business?**
 - **Revenue FRS #** _____ **Object Code** _____
 - **Expenses FRS#** _____ **Object Code** _____
 - **Fund Accountant Name** _____ **Phone Number** _____
- **Contacts:**
 - **Primary Contact:** _____ **Phone No.** _____ **Email:** _____
 - **Bus. Manager:** _____ **Phone No.** _____ **Email:** _____
 - **IT Contact:** _____ **Phone No.** _____ **Email:** _____
 - **Unit Director/Manager:** _____ **Phone No.** _____ **Email:** _____
 - **Fund Accountant:** _____ **Phone No.** _____ **Email:** _____
- **How many people will be in the training session? na (training sessions are scheduled for 2 hours)**
- **Will this be used for donations? Yes** **No** **If yes, please contact " Jossi Bell, Gift Accountant 621.9055 at the Foundation.**
- **Are there any special considerations, concerns that we can address for you?**

(FSO use only) **Unit Fund Accountant Signature:** _____

<p>FRS Use Only Fund Accountant Signature _____</p>

SAMPLE