

Departmental Request to Process via IUPayPlus

(Instructions are located at the end of this document)

Prior to requesting an IUPayPlus account, please make sure that you are in compliance with [Policy VI-121: Establishing and Modifying Revenue Producing Activities \(RPA\)](#) and [Policy VI-120: Processing Revenue](#).

Department Name: _____

Event Name: _____

Physical Address: _____

Campus Address: _____

Contact: _____ Telephone: _____

Fax: _____ Email: _____

IU FIS Chart Code: _____ IU FIS Org Code: _____

IU FIS Account for Deposits / Income: _____ Sub-account: _____

IU FIS Object Code for Deposits / Income: _____ Sub-object: _____

IU FIS Account for Fees / Expense: _____ Sub-account: _____

IU FIS Object Code for Fees / Expense: _____ Sub-object: _____

Card types accepted: V/MC automatic, please check the box for additional payment options:

Discover American Express International credit card payments

Estimated Annual Sales Volume: _____

Estimated Average Sale Amount: _____

Description of Services: _____

Date Event is to Start Receiving Payments _____ Date Event is to End _____

Estimated number of transactions for entire event _____

[IUPayPlus Option 1](#) (shared account) OR [IUPayPlus Option 2](#) (to be determined by Treasury)

If reactivating an IUPayPlus site, please list order type you wish to reactivate _____

Email to be listed on Contact Us Page: _____

Do you wish for your customers to receive an email receipt? (Yes or No) _____

Treasury Use Only	Deactivation Date _____
Order Type _____	

If IUPayPlus Option 2 is requested and approved, name and email address of those who will need access to process refunds:

_____	_____
_____	_____
_____	_____

By signing below, you also agree to the terms set forth in the IUPayPlus Merchant Agreement

ALL BOLDED ITEMS ON PAGE 1 AND 2 ARE REQUIRED TO BE COMPLETED

Fiscal Officer Printed Name: _____

Fiscal Officer Signature: _____

Date: _____

Department Head Printed Name: _____

Department Head Signature: _____

Date: _____

Campus Approval Printed Name: _____

Campus Approval Signature: _____

Date: _____

Original forms must be sent to: Payment Card Services
Treasury Operations
400 E. 7th Street Poplars Building – 2nd Floor
Bloomington, IN 47405-3085

Copies may be faxed to 812-856-5821. We will begin set-up based on fax, however accounts will not be activated until original form is received.

Questions may be directed to Payment Card Services, 812-855-0586.

Instructions:

Prior to requesting an IUPay account, please make sure that you are in compliance with [Policy VI-121: Establishing and Modifying Revenue Producing Activities \(RPA\)](#) and [Policy VI-120: Processing Revenue](#).

Department: Please enter the official name of the IU Department that will be receiving the income from the transactions.

Address: Please enter the actual US Mailing address as well as the campus address for your department.

Contact: The contact should be the person who will receive notices regarding IUPay. Notices could include outage reports, error reports, or out of balance issues.

Telephone: This should be the telephone number for the contact.

Fax: This should be the fax number for the contact.

Email: This should be the email address for the contact.

IU FIS Chart Code: The two letter Chart of Accounts Code. See <http://www.fms.iu.edu/fia/coaman.asp> for additional information.

IU FIS Org Code: Up to four alphanumeric characters used to represent an organization.

IU FIS Account for Deposits/Income: Please enter the FIS account number where the income from approved transactions should be deposited.

Sub-account: If used, enter the sub-account for the income. (This is an optional field.)

IU FIS Object Code for Deposits/Income: Please enter the FIS object code where the income from approved transactions should be deposited.

Sub-object: If used, enter the sub-object code for the income. (This is an optional field.)

IU FIS Account for Fees/Expense: Please enter the FIS Account number where the actual processing fees per transaction should be debited from.

Sub-account: If used, enter the sub-account for the fees. (This is an optional field.)

IU FIS Object Code for Fees/Expense: Please enter the FIS object code where the actual processing fees per transaction should be debited from.

Sub-object: If used, enter the sub-object code for the fees. (This is an optional field.)

Card types accepted: Visa and MasterCard is automatically set-up. If you wish to accept Discover and American Express, please check the appropriate boxes.

Estimated Annual Sales Volume: Please enter your best guess on annual sales dollar volume.

Estimated Average Sale Amount: Please enter your best guess on average sales amount.

Description of Services: Please describe what you are selling (i.e. conference registration, child care, travel package, fines, shipping, etc.)

Email to be listed on Contact Us page: The page is located at <http://www.indiana.edu/~iutreas/commercemanagercontacts.html>. The department name and email address will be listed under the appropriate campus heading.

Do you wish for your customers to receive an email receipt?: This is an option in the IUPayPlus system. Please check the appropriate box.

Name and email address of those who will need access to process refunds: Access will be granted to the appropriate systems for those parties listed. Instructions will be provided and training is available upon request.

Fiscal Officer Signature: The Fiscal Officer for the accounts listed will need to sign the form.

Department Head Signature: If different from the Fiscal Officer, the Department Head should also sign the form.

Campus Approval Signature: The form must be signed by Campus Administration in order to be accepted.