

### Use of an IU Wireless Credit Card Terminal

Departments requesting the use of a wireless credit card terminal that do not currently process credit cards must agree to the following:

1. Department must submit an RPAQ ([Policy VI-121](#)). All users of the wireless terminal and anyone accepting, handling, or processing credit cards must complete The Office of the Treasurer [Revenue Processing Training](#) and PCI DSS required [Security Awareness Education \(SAE\)](#). Department must ensure training is complete prior to use of the terminal. Department must provide to Treasury the names and email address of individuals identified above prior to receiving the wireless terminal.
2. Department must provide to Treasury, prior to receiving the terminal, written procedures for how they will secure the terminal from unauthorized use or theft while the terminal is in their possession.
3. In the event that the wireless terminal is not able to reach a strong wireless connection follow directions provided by Treasury for offline transaction processing. Treasury cannot guarantee that the wireless terminal will receive a signal strong enough to operate in all locations.
4. The Fiscal Officer of the Department will be required to complete a Self Assessment Questionnaire (SAQ) B. Treasury will provide the Fiscal Officer access to the SAQ B. The SAQ B must be completed no later than seven (7) business days following the completion of the event.
5. Terminal must be returned to Treasury no later than five (5) business days following the completion of the event. Failure to return the terminal in this time frame will result in a \$20.00 per day charge to the department for every day following the 5<sup>th</sup> business day.
6. Department will be assessed a charge of \$20.00 per event plus credit card processing fees (\$20.00 plus .50 cents per transaction plus card interchange rates).
7. If the machine is damaged in any way all repair or replacement costs will be assessed to the Department (replacement cost of a terminal is currently \$639.00).

By signing below the Fiscal Officer agrees to the aforementioned items.

Department Name \_\_\_\_\_ Campus \_\_\_\_\_

Fiscal Officer Printed Name \_\_\_\_\_ Fiscal Officer Signature \_\_\_\_\_

G/L & Object Code for Income \_\_\_\_\_ G/L & Object Code for Fees \_\_\_\_\_

Begin Date of Event \_\_\_\_\_ End Date of Event \_\_\_\_\_

**Fax or email completed form to Treasury at 812-855-3863 or [pmtcards@indiana.edu](mailto:pmtcards@indiana.edu)**

<b>For Treasury use only</b>	
Date terminal sent: _____	Trained in Revenue Processing (Y) (N)
Date terminal returned: _____	Added to SAE Training List (Y) (N)
Approved By _____	Total # of Transactions _____