

**University of Saskatchewan
Information required for e-Select (web payment) Account**

Department Name: _____

Technical Contact Name: _____ **Phone #:** _____

Merchant Specific Mail List Address: _____

Merchant Application Support:

Employee Name

NSID

Authorized Signature: _____ **Date:** _____

Treasury Office Use Only

Application forwarded: _____

Pay Page updated: _____

Disclosure Statement Received _____

Testing Completed _____