

**University of Saskatchewan  
Merchant Account Application Form**

**Department Name:** \_\_\_\_\_  
( *Merchant Name as it will appear on Customer Statement* )

**Main Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**My Department will be accepting credit card/debit cards with estimated volumes of:**

**Estimated average value of each transaction:** \_\_\_\_\_

**Estimated annual # of transactions:** \_\_\_\_\_

**UNIFI Account to be debited for fees on sales:** \_\_\_\_\_

**Method of processing required: (please check all that apply):**

<b>IVR</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Terminal &amp; Printer</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Website</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treasury Office Use Only**

**Application forwarded:** \_\_\_\_\_

**Service Effective:** \_\_\_\_\_

**Terminal & Printer #:** \_\_\_\_\_

**Merchant Numbers:**  
**VISA/MasterCard** \_\_\_\_\_

**AMEX** \_\_\_\_\_

**EICR: (e-SelectPlus Only)** \_\_\_\_\_