

**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):

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

Authorized Signature: _____ **Date:** _____

Treasury Office Use Only

Application forwarded: _____

Service Effective: _____

Terminal & Printer #: _____

Merchant Numbers:
VISA/MasterCard _____

AMEX _____

EICR: (e-SelectPlus Only) _____