



## Merchant Request Form

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Department Head Information

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### IT/Technical Contact

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_



## Merchant Card Processing Request Form

### PROGRAM ACCOUNT INFO

*If not available, obtain from Controller's Office:*

Deposits Credited into Program Acct: \_\_\_\_\_ Revenue Code: \_\_\_\_\_

Fees Charged to Program Acct: \_\_\_\_\_ Spend Category: \_\_\_\_\_

**Cost Center Manager on Program Account:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

