

Payment Card Merchant User Change Form

This form is used to notify your Campus Finance/Administration office of any changes of personnel involved in payment card processing. This includes any new hires or personnel who have been assigned new duties that include payment card processing and/or settlement duties as well as volunteers and contractors with access to CHD. It also includes employees, volunteers or contractors that have left their position and are no longer involved in payment card processing.

The MDRP completes this form immediately whenever a change listed above is approved and submit to your Campus Finance/Administration office. For assistance or questions regarding this form, please contact your Campus Finance/Administration office.

	User Ir	nformation	
Name:		Date:	
Title:			
Email Address:		Tel #:	
Effective Date of Ch	ange:	USNHID#:	
_	Reasons	for Change	
Select reason(s) for 1. 2. 3. 4. 5. Check all that app 1. 2. 3. 4. 5. 6. 7.	New Hire/ New user Current Employee/New Job Assign Current Employee/No Longer Assign No Longer with Department or Inst Other - Provide details below:	gned itution ment card responsibilities (number 1 or 2 above): O USNH Payment Card data Security v.pcisecuritystandards.org letted lee if applicable lee if applicable leng training as provided by vendor leng system (if checked, the user will need to completed training system)	ning
Signature:		Title:	
Printed Name:		Date:	
Merchant Name:		Merchant Number:	