

The completed Statement of Understanding form must be submitted to the Merchant Department Responsible Person (MDRP) by any person including employees, volunteers and contractors with access to CHD. For questions and/or assistance in the completion of the form, please contact your campus Finance/Administration office.

**Certification Statement**

By placing a checkmark next to each requirement below, I certify that:

- I am a University System of New Hampshire employee, volunteer or contractor, involved in payment card processing as defined in University System of New Hampshire's procedures for [Payment Card Data Security](#).
- I agree to comply with Payment Card Industry Data Security Standards listed on the [PCI Security Standards Council site](#).
- I agree to keep in the strictest confidence payment card processing information, protect cardholder information, and comply with all University System of New Hampshire [Payment Card Data Security Procedure](#).
- I have requested access to and completed user training for the University System of New Hampshire point of sale terminals associated with my location, and if applicable, the merchant bank credit card portal.
- I understand that failure to comply with the University System of New Hampshire [Payment Card Data Security Procedure](#) may result in disciplinary action, including termination.

**Confirmation Signatures**

Check one  Employee  Volunteer  Contractor  other \_\_\_\_\_

Name:

\_\_\_\_\_  
*Last* *First* *M.I.* *USNH ID*

Position Title:

\_\_\_\_\_  
*Signature* *Date*

Supervisor's  
Name:

\_\_\_\_\_  
*Last* *First* *M.I.* *USNH ID*

Position Title:

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

**Merchant Name**

**Merchant Account Number**

**MDRP Name:**

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