

## **PAYMENT CARD SECURITY AWARENESS ACKNOWLEDGMENT**

*I understand, acknowledge and agree to the following:*

1. I have read and understand both the university [Information Security Policy](#) and the [Payment Card Policy and Procedures](#).
2. I always make sure that when I am handling customer credit card information that I keep all information secure. I do not leave sensitive information in open unsecure areas; share with unauthorized parties or save the information electronically.
3. I never receive nor encourage credit card information to be sent to me or my department via email, text messaging or any other unsecure media.
4. I attend any required credit card security awareness training.
5. I understand that these compliance requirements are standards established by the credit card and banking industry to provide security and safety of our customer's credit card information.
6. I also understand if there is a breach in my department and credit card information is obtained by an unauthorized individual, that the university and my department could be fined and held responsible for all remediation costs.
7. I understand that if I suspect a breach or misuse of credit card information that I must report my suspicions immediately to my direct supervisor and the Treasurer's office.
8. I understand and agree to follow the credit card guidelines on receiving and authorizing sales and credits on credit cards.
9. I understand that all information to which I have had access as a result of my position cannot be used for my own purposes and I must not provide this information to third parties.
10. I have been provided, have access to and understand all department procedures and policies regarding the protection of credit card information.
11. I agree to abide by the policies and other requirements outlined in the university policies and department procedures. I understand that non-compliance will be cause for disciplinary action up to and including system privilege revocation, dismissal and perhaps criminal and/or civil penalties.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Department: \_\_\_\_\_