

Exhibit B

New Department/Unit Bank Card Checklist (6/08)

Click or type in shaded or box areas where applicable. Tab to the next line.

Department/Unit Name:

Merchant Location Name: UA

Unless approved by Bursar's Office, total length of location name (including spaces, UA prefix, and EComm suffix) must not exceed 22 characters. This is the name that will show up on buyer's statements.

Merchant Responsible Person/ Representative:

Phone No.:

Email address: fax:

Physical Address of Merchant POS/ECommerce:

Statement Address:

Shipping Address:

- **How do you want to process Bank Cards?**
 - Internet/ eCommerce (Cybersource)
 - Point of Sale (POS) terminal
 - Register Software Software: _____ Software Web Interface (Gateway): _____
 - Dial Pay /Phone Authorization Service
- **Do you have your own terminals? Yes No What type?**
- **Do you need POS terminals? Yes No N/A**
 - How many?
 - Will you have tellers/clerks sharing one terminal? Yes No
- **Do you need imprinters? Yes No (one terminal is required for each location). Amount?**
- **Are you going to accept Pin Based Debit Cards? Yes No N/A**
- **Other than Mastercard/Visa, are you going to accept American Express? Yes No**
Discover- Yes No
- **Date Needed? (mm/dd/yy)(Lead time minimum 15 business days)**
- **What product(s) or service be offered to purchase? Average Ticket:\$**
Annual Volume:\$
- **What are the FRS number and Object Code Numbers associated with the Bank Card business?**
 - Revenue FRS # _____ Object Code _____
 - Expenses FRS# _____ Object Code _____
 - Fund Accountant Name _____ Phone Number _____
- **Contacts:**
 - **Primary Contact:** _____ Phone No. _____ Email: _____
 - **Bus. Manager:** _____ Phone No. _____ Email: _____
 - **IT Contact:** _____ Phone No. _____ Email: _____
 - **Unit Director/Manager:** _____ Phone No. _____ Email: _____
 - **Fund Accountant:** _____ Phone No. _____ Email: _____
- **How many people will be in the training session? na (training sessions are scheduled for 2 hours)**
- **Will this be used for donations? Yes No If yes, please contact " Jossi Bell, Gift Accountant 621.9055 at the Foundation.**
- **Are there any special considerations, concerns that we can address for you?**

(FSO use only) **Unit Fund Accountant Signature:** _____

<p>FRS Use Only Fund Accountant Signature _____</p>

SAMPLE