

Payment Card Account (PCA) Employee Non-Disclosure Form

Route this form to:

Accounts Receivable Services
1300 S 2nd St, Suite 209
Minneapolis, MN 55455
Phone: 612-625-2392
Fax: 612-626-3969
Email: pmtcard@umn.edu

U Wide Form:
UM 1623

Rev: 06/09/16

Merchant ID (MID): 015023184995 FY: 2020
Department: Account Receivable Services Date: See date below
Employee Name: See name(s) below Employee ID: n/a

Your department has requested to open or renew a University of Minnesota payment card account. You have been identified as an employee involved in the payment transaction process who may have access to confidential information related to payment cards, including payment card numbers, expiration dates and demographic cardholder information "Cardholder Data". Payment Card Industry Data Security Standards (PCI DSS) require that all individuals with access to Cardholder Data meet privacy and security standards. These standards have been incorporated into University of Minnesota policies on Privacy and Data Security.

Specifically, by completing this form you agree to the following:

Confidentiality – You agree to only use the Cardholder Data for the intended business purpose of the department as a condition of your employment. You will use best efforts to prevent and protect any part of the Cardholder Data from disclosure to anyone that does not have a business need for that data. You will take all reasonable steps necessary to protect the security of the Cardholder Data, and to prevent the Cardholder Data from release into the public domain or into the possession of unauthorized persons.

Security of Cardholder Data – You will have access to Cardholder Data and you have read and understand the University of Minnesota's Privacy and Data Security policy, as well as any other applicable laws, policies or standards, as they apply to Cardholder Data and agree to abide by all standards in those policies as a condition of your employment.

Training – You agree that you have been trained at least annually on the importance of protecting cardholder data, and are knowledgeable about the department's payment card processes and the security and compliance associated with these processes.

This form automatically expires at the end of the fiscal year and must be renewed annually.

Employee:

Print Name:

E-Mail: