THE UNIVERSITY OF BRITISH COLUMBIA

E-PAYMENT ACCESS APPLICATION

E-Payment provides administrative access to find and make payments, view reports, and refund payments. Transactions can be from myFinancial Account at the Student Service Centre (SSC), e-Payment web service or Virtual Terminal.

Credit card security: Only the last four digits of a credit card number should be stored in, or be exposed from, University systems. Sensitive credit card information (e.g., credit card numbers, card holder names, etc.) printed on paper, or received on hardcopy forms ie. faxes, etc., must be kept in a secured area and shredded after seven days. Credit card information should not be forwarded in unencrypted email messages.

A ## CONTACT INFORMATION & IDENTIFICATION

Date _____ Department/Unit _____

Name _____ Position _____

Phone _____ Email _____

Employee # (see pay stub) _____ Campus Wide Login ID _____ ☐ Vancouver ☐ Okanagan

B ## TYPE OF ACCESS

☐ **e-Payment** admin viewing – OR-- ☐ **e-Payment** refund ☐ **e-Payment** make payment
Find a payment   Admin viewing with: **(Virtual terminal)**
View payment log   - Refund (included bank processing)   Make payment
View settlement   - Reverse (for UBC records only)
View administrative reports   *Refund/reverse through Find a Payment*

Merchant codes required_____
Merchant codes are four characters long and are usually letters only. If you have MFA items, please indicate that and include the code number if you know it.

C ## APPROVALS

The SISC Confidentiality Statement must be completed: http://www.students.ubc.ca/facultystaff/sis.cfm?go=access. If you have SISC access, you have already signed an SIS Confidentiality Statement and have agreed to follow UBC privacy policies and there is no need to fill in another statement.

☐ I have SISC access.
☐ I do not have SISC access currently. I confirm that I have given the SIS Confidentiality Statement to my manager.

Faculty / Department Approval

Department /Head (print name) _____ Department _____

Signature _____ Phone _____ Date _____

Dean/Director (print name) _____ Department _____

Signature _____ Phone _____ Date _____

Internal office use only - Records and Registration approval		
Name	*Title*	
Signature	*Date*	*SIS ID of applicant*

RecReg_CBMAccessForm_KC_Sept_26_2011