

## Credit Card Merchant Security Awareness Acknowledgement

I understand, acknowledge and agree to the following:

1. I always make sure that when I am handling customer credit card information that I keep all information secure. I do not leave in open insecure areas; share with unauthorized parties or save the information electronically.
2. I always render unreadable or cross-shred the credit card information after authorization.
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. If need be, I always make sure that forms containing credit card information will be hand carried or sent by courier to a business office outside my business area.
5. I agree to choose a difficult-to-guess password and I agree not to share this password with any other person.
6. I have been provided, have access to and understand all department procedures/policies regarding the protection of credit card information.
7. I attend department credit card security awareness training.
8. 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.
9. I also understand if there is a breach and credit card information is obtained by an unauthorized individual in this department that our department could be fined and be responsible for all remediation costs.
10. I understand that if I suspect a breach or misuse of credit card information that I must report immediately to department designated person.
11. I understand and agree to follow the credit card guidelines on receiving and authorizing sales and credits on credit cards.
12. I understand that all information to which I have had access as a result of my position cannot be used for my own purposes or am I at liberty to provide this information to third parties without express written consent of the department manager.
13. I agree to abide by the policies and other requirements found in Campus and Department policies. 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: \_\_\_\_\_