



Payment Card Security and Confidentiality Agreement

Radford University's *Payment Card Policy (FA-PO-1214)* seeks to ensure compliance with the Payment Card Industry Data Security Standards (PCI-DSS) through the implementation of appropriate internal controls for the secure handling and protection of cardholder data (CHD). The policy establishes the requirements departments must follow in the processing of payment card transactions to reduce risks inherently associated with the handling of payment card transactions.

All persons involved in accepting, processing, or reconciling payment card transactions on behalf of the University must complete annual training provided or coordinated by the Controller's Office on the secure handling of payment cards and payment card transactions. Additionally, all persons who have access to cardholder data on behalf of the University must protect that information in compliance with established policies and procedures, including the PCI-DSS, and must complete and sign this security and confidentiality agreement before performing any payment-card related responsibilities.

- This pledge of conduct verifies that I understand my role in safeguarding confidential information and that I agree to adhere to the associated standards, policies, procedures, and guidelines.
- I understand that the data available to me is confidential and I will limit my access only to the data necessary in the direct performance of my duties and responsibilities.
- I acknowledge that access to card activity, or any information obtained therefrom, will only be used for business purposes. I also affirm my responsibility to secure any reports, screenshots, receipts, card information, or other data obtained from the processing of payment cards.
- I acknowledge that I will not share any user IDs or passwords in compliance with the *Acceptable Use Policy for University Computers and Information Technology Systems (IT-PO-1500)*.
- I acknowledge that I have no right to use, reproduce, reverse engineer, publish, license, distribute, disseminate, sell, or otherwise make available to any other party, any payment card information for personal gain or profit, or for the personal gain or profit of others, or to satisfy personal curiosity.

By signing this document, I attest to having read, understood, and agreed with the conditions above and will adhere to them. I also attest to having reviewed the training and documentation appropriate to my position and responsibilities.

_____	_____	_____	_____
Printed Name	Signature	Date	RU ID Number

_____	_____
Department Name	Position Title

Department Payment Coordinator:

_____	_____	_____
Printed Name	Signature	Date

Please print this page, complete the information requested, and sign. Provide the page to your Departmental Payment Card Coordinator.

Departmental Payment Card Coordinator: Maintain this signed agreement with departmental records of all persons with access to cardholder data as required in Section 5.D.2. of the *Payment Card Policy*.