TouchNet User Request Form

Please email the completed document to pci@odu.edu.

Name: _____   Date: _____

Merchant Name: _____

TouchNet Payment Gateway Accountant Role – An accountant can review all Operations Center reports for his or her assigned merchant(s). This user will also be responsible for sending daily reconciliation reports to Student Accounts.

Full Employee Name	MIDAS ID	Email Address

Marketplace Roles-

Store Clerk – Store clerks can add and edit products in their store and move products among categories.
Store Accountant - Store Accountants can view Marketplace financial reports for the store.

uStore Name	Role	Full Employee Name		

- ' The department agrees to notify ITS and the Office of Finance if the department is selling taxable items.
- ' The department agrees to notify ITS and the Office of Finance if the department will be shipping the items.
- ' Check this box if this is a change request.

ODU SPECIAL EVENTS MERCHANT ACCESS REMOVAL DATE Î _____

** If requesting access to ODU Special Events Merchant, provide a date when access can be removed.

Department Approval Î I approve the requested access for the employee(s) and understand it is my responsibility to have the account(s) terminated when the employment is terminated or job function no longer requires access to the system.
Name: _____   Date: _____

Signature: _____

PCI Compliance Specialist Use Only: Received Security and Confidentiality Agreements?   ☐ YES ☐ NO

Signature: _____   Date: _____

OFFICE OF FINANCE APPROVALS –
Associate Controller Î
Name: _____   Date: _____

Signature: _____

Director of Student Accounts/University Bursar Î
Name: _____   Date: _____

Signature: _____