**Payment Card Security and Confidentiality Agreement**

W&M Payment Card Policy & Procedures defines the university’s policy and procedures to ensure that payment card information is accepted and handled securely to reduce the risk of identity theft and financial fraud to customers who make payments via such methods. 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 individuals involved in accepting, processing or reconciling payment card sale transactions on behalf of the university are required to complete all designated payment card training and to sign this security and confidentiality agreement upon hire and annually, thereafter, before performing any payment-card related responsibilities.

* I understand my role in safeguarding confidential information and agree to adhere to all applicable payment card rules, policies, procedures and guidelines.
* I understand that failure to follow the requirements of the agreement may result in revocation of my ability to accept card payments.
* I understand that the data available to me is confidential. I will limit access to the data necessary in the direct performance of my duties and responsibilities.
* I acknowledge that information obtained from or access to payment card activity will be used only for business purposes. It is my responsibility to secure all media (computer devices, reports, screenshots, receipts, card information or other data) utilized in the credit card process.
* I acknowledge that payment card information will never be requested, sent or accepted via end-user messaging technologies, i.e. email, instant messaging, voicemail, etc.
* I acknowledge that I am prohibited from entering cardholder data into a web-based application for customers unless approved using a point-to-point encrypted device.
* I understand my obligation to report any suspected or confirmed breach of cardholder data as outlined in the university’s incident response plan.
* I have completed the required annual training on cardholder data safety and security and have read and understand the policies and procedures related to credit card payments, as outlined in the W&M Payment Card Policy & Procedures.
* I will not share my user ID or passwords.

***By signing this document, I attest that I have read, understand and agree to comply with the conditions stated. I also attest to having reviewed the training and documentation appropriate to my position and responsibilities.***

Printed Name

Signature Date

Department

Supervisor Signature Date

**Note to Department: It is imperative to maintain records for each department employee (paid or volunteer) engaged in payment card activities and their completion of all payment card training including W&M Security Education and Awareness training. The individual who signs the PCI Self-Assessment Questionnaire (SAQ) will attest to annual training for ALL individuals engaged in any aspect of payment card processing, transmission or storage.**