# EAST TENNESSEE STATE UNIVERSITY

| Payment Card Industry (PCI) Compliance Procedures | |
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| Responsible Official:  Vice President for University Advancement | Responsible Office:  University Advancement |

## Policy Purpose

This policy is established to ensure that donor credit card information is protected by University personnel at all times.  It will also serve to guide internal & external PCI Compliance reviews.

## Policy Statement

Most credit card charges are made through 3rd party software companies where card information is handled solely by the vendor.  Donors enter their credit card information into 3rd party software linked to our website, or paid callers and volunteers enter it through a home grown interface developed for the Annual Fund Phonathon and WETS but linked to a 3rd party processor.  Card information is not stored anywhere by ETSU for these gift avenues.  This policy addresses card numbers handled or stored by ETSU personnel.

## Definitions

PCI DSS – Payment Card Industry Data Security Standard – a set of security standards designed to ensure that ALL companies that accept, process, store or transmit credit card information maintain a secure environment.

## History

Effective Date:  1/15/2019
Revision Date:

Revision Notes:

## Procedure (s)

**Attachments**:
I.     Credit Card Authorization Form
II.    Credit Card Reader Sign-Out Form

**I.    All Advancement Staff:**
   A.   Staff members who receive hand written credit card information from donors should get it to Advancement Services as soon as possible.  Keep it in a locked location until it can be delivered.
   B.   Credit card numbers and related information may be taken over the phone, but donors should be specifically asked **NOT** to send credit card information via email as it cannot be kept secure.

II. **Advancement Services Staff:**
   A. Credit card information will be processed as soon as possible upon receipt. Card information received by phone or mail will be stored in the Advancement vault overnight as necessary. As soon as the charge appears, all but the last four digits of the card number will be physically punched out with a hole puncher, including the CVV number. The card number is to be covered before imaging backup so that it is not stored electronically.
   B. The very few credit card numbers which donors specifically ask us to keep on file will be kept in the Advancement vault and used for the life of the request. As soon as the last charge appears, the number will be physically punched out with a hole puncher as is done with all other mailed and hand delivered credit cards.
   C. Card information is kept in the Gift Processing office in the Advancement vault unless it is being used for processing. The door to this office is locked if neither of the gift processors is within.
   D. If anyone arrives to inspect or repair a machine, make sure that person is legitimate:
      1. Have confirmation from Finance/the bank that a representative is expected
      2. Make sure the representative identifies himself/herself with identification of some kind
   E. The AVP for Advancement Services is responsible for documenting and distributing security incident responses and escalation to effectively handle security related situations.
   F. Security issues will be brought to leadership team meetings, full staff meetings, or will be sent via email.

III. **Credit Card Machine Use:**
   A. The Advancement **dual use** card reader will be kept in the Gift Processing office. Daily charges will be handled via internet connection unless data lines are unresponsive.
   B. The card reader may be taken to Advancement events for gifts and event payments.
      1. The reader must be signed out by an Advancement employee on the attached form. This individual will be responsible for safeguarding the machine and for returning it to the office on the same or next business day.
      2. Advancement Services will handle configuration for cell service using the provided password and instructions and reconfiguration back to data line processing upon its return.

## Related Form(s)

N/A

## Scope and Applicability

| | | |
|---|---|---|
| | Governance | |
| | Academic | |
| | Students | |
| | Employment | |
| | Information Technology | |
| | Health and Safety | |
| | Business and Finance | |
| | Operations and Facilities | |
| | Communications & Marketing | |
| X | Advancement | |

# Attachment 1 – Credit Card Authorization Form

Date: _____     **East Tennessee State University—Advancement Services**     Page _____ of _____

## Credit Card Authorization for Deposit to ETSU Foundation Funds

Use this form to submit credit card deposits to the ETSU Foundation. Please deliver to Advancement Services, Campus Box 70721, within 48 hours. CASH or CHECK(S) deposits must be submitted using the *Deposit Transmittal for ETSU Foundation Funds Form*. IN KIND donations must be submitted using the *Gift-in-Kind Donor Form*. Please attach all related correspondence. DO NOT staple or tape items to this form. NOTE: If you do not comply with the above instructions, it could result in processing delays or inaccuracies.

*For security reasons: Credit Card Numbers must be handwritten on form and delivered in person or by mail to Advancement Services. Completed forms should NOT be stored on digital media devices or faxed.*

**USE A SEPARATE FORM FOR EACH ADDITIONAL CARD**

| E# (if known): | Name (as it appears on card): | Telephone: |
|---|---|---|
| Address: | | |

| Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express | Credit Card Number: | Amount to Charge: $ |
|---|---|---|
| Expiration Date: | 3 Digit Security Code: | Signature/Authorization: |

**DESIGNATION:** _____     **CHART & INDEX #:** _____

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## DEPOSIT INFORMATION

Were good(s) or service(s) received in relation to these funds?     Yes ☐     No ☐

    If yes, please describe the good(s) or service(s) and the value of each: _____
_____
_____

Were these funds generated through sales?     Yes ☐     No ☐

    If yes, please describe the sales activities: _____
_____
_____

**Fundraising Special Event** ☐ _____
*(Event name or description)*

    Gift Amount $_____     Non-gift Amount $_____

**Other or Non-Gift** ☐ _____
*(Description)*

**In memory** ☐ or **honor** ☐ of : _____

Send acknowledgement to:     Name: _____
                                 Address: _____
                                 City/St/Zip: _____

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*I certify that these funds should be deposited in the ETSU Foundation account listed and not in a University account. Any restrictions on gifts will be adhered to and properly accounted for. All relevant information pertaining to the nature of this deposit has been disclosed and any supporting documentation or correspondence has been attached.*

**Prepared by:** _____     **Date:** _____
                    *Printed Name*     | *Signature (required)*

**Department:** _____     **Phone:** _____     **Fax:** _____

### **ADVANCEMENT SERVICES USE ONLY**

| | | | | CODING BLOCK |
|---|---|---|---|---|
| Date Received: | | Received by: | | |
| Coded by: | | Authorization/Batch: | | |

ETSU Advancement Services     Campus Box 70721     423-439-4242     give@etsu.edu

## Attachment 2 – Credit Card Reader Sign-Out Form

**Credit Card Reader Sign-Out Form**

Note: Return date for reader must be same or next business day as it is needed for daily charges.

| Name | Date | Return Date | Event | Location | Cell Phone |
|------|------|-------------|-------|----------|------------|
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