



Payment Card Manager Compliance Certification Form Accounts Subject to Payment Card Industry Data Security Standards (PCI DSS)

Payment Card Account(s) Name: _____

Payment Card Account Number(s): _____

Please check all statements that apply:

I certify that the PCI DSS Self-Assessment Questionnaire(s) (SAQ) in the CampusGuard Portal for the account(s) named above has been completed and dated, and that it accurately represents the payment card environment for the account(s) named above.

I certify that the Self-Assessment Questionnaire(s) (SAQ) for the account(s) named above is compliant, and if not, I certify that I have completed a Remediation Plan, and that a copy of this plan has been uploaded to the CampusGuard Document Locker. It is required that this Remediation Plan be updated as concerns are addressed.

I certify that I have completed any required PCI DSS training that has been assigned to me.

I certify that I have read and signed the Payment Card Account Department Payment Card Manager Form (UM 1624), and that a copy of this form has been uploaded to the CampusGuard Document Locker.

I certify that all individuals involved with the payment transaction process for the account(s) named above have received annual training for PCI DSS compliance and related University policies and practices, have read and signed a Payment Card Account Employee Non-Disclosure Form (UM 1623), and that copies of these forms have been uploaded to the CampusGuard Document Locker.

I certify that I have completed and signed the Payment Card Account Incident Response and Continuity Plan (UM1634), and that a copy of this form has been uploaded to the CampusGuard Document Locker.

I certify that the Payment Card Operational Procedures document for the account(s) named above has been reviewed and dated, that it accurately represents the current payment card environment for the account(s) named above, and that a copy of this document has been uploaded to the CampusGuard Document Locker.

I certify that the Cardholder Data Flow Chart for the account(s) named above has been reviewed and dated, that it accurately represents the current payment card environment for the account(s) named above, and that a copy of this document has been uploaded to the CampusGuard Document Locker.

I certify that the Payment Card Account Inventory List for the account(s) named above has been reviewed and dated, that it accurately represents the current payment card environment for the account(s) named above, and that a copy of this document has been uploaded to the CampusGuard Document Locker.



The Technology Professional(s) affiliated with the account(s) named above is/are (optional):

Additional comments:

Payment Card Manager Name (please print name): _____

Title: _____

Signature: _____ Date: _____