

I confirm that acting as an employee or agent of North Dakota State University; I will keep in strictest confidence all credit card information to which I have access in a manner above reproach in every respect.

I understand that access to credit card information requires the highest degree of public trust to protect the interest of the University and the cardholders.

I understand that it shall be a breach of security standards for any employee of the University or third party with access to credit cardholder's personal information to divulge either directly or indirectly, any cardholder information except on a need-to-know basis. Accordingly, I agree not to release any personal or privileged information of any type without proper authorization from the director, associate director, manager or an appropriate supervisor.

I will strive to protect the University and cardholders at all times when making decisions concerning credit cards and cardholder information.

I understand that all credit card information received verbally, or in paper format will be destroyed after processing.

I will not request any credit card payment information via e-mail. Should a customer provide it unsolicited, I will NOT process it, will fully delete the e-mail and inform the customer e-mail is not a secured means of sending card data.

I certify that I have read Electronic Financial Transaction Policy 509 and related procedures and will abide by its guidelines.

I understand that failure to comply with this agreement may result in criminal and/or disciplinary action, up to and including termination.

Printed Full Name: _____

Empl ID/Student ID: _____ Daytime Phone: _____

Dept Name: _____ Dept #: _____

Employee Signature

Date

Supervisor's Signature

Date

Route or fax this form to : Customer Account Services Ceres Hall 302 Phone (701) 231-7545 Fax (701) 231-9541
