



Purpose: CSU Chico has the ability to set up eMarket payment sites to accept online payments on behalf of campus departments for authorized services/products/fees. Customers are connected from a department website to a customized eMarket storefront or checkout site where they may select and securely pay for items via credit card and/or eCheck/ACH. eMarket payment sites are compliant to Payment Card Industry Data Standards (PCI DSS). Payments received are deposited directly to the University's bank account and posted to the general ledger.

DEPARTMENT INFORMATION

Department Name: _____

Primary Contact: _____ Phone Ext.: _____

Email: _____ Campus Zip: _____

Dept. Head/Administrator Name: _____

eMARKET INFORMATION

Products/events/services offered through the eMarket site must be approved by the University. Fees must be authorized and documentation will be required.

Purpose of the eMarket site:

FEE INFORMATION

FEE 1:

Description					AMOUNT
Account	Fund	Dept ID	Program	Class	

FEE 2:

Description					AMOUNT
Account	Fund	Dept ID	Program	Class	

eMARKET SITE INFORMATION:

Date eMarket is needed for service/end date (if applicable): Start Date: _____ End Date: _____

Will the primary users be currently enrolled students? Yes No

If not students, who? _____

What information should be collected at time of purchase? (E.g. name, phone, email, etc.) _____

Should an inventory level be set? Yes No

If yes, what level? _____

What forms of payment will you accept? Electronic Checks (ACH) Credit Cards

Will the department pay the credit card fee* (currently 2.5%)? Yes No

If not, the external processing fee (currently 2.75%) will be passed to customers.

If the department is absorbing the 2.5% convenience fee for each credit card transaction, please identify the chartfield where the expenses should be charged: 613P02

Account	Fund	Dept ID	Program

What reporting does the department require?

Comments/additional notes:

AUTHORIZATION

Functional Contact:

PRINT NAME	SIGNATURE	DATE

Appropriate Administrator/Chair:

PRINT NAME	SIGNATURE	DATE

Director, Student Financial Services:

PRINT NAME	SIGNATURE	DATE

INTERNAL USE ONLY Approved Denied

Reason (for denial): _____

Merchant: _____ Operator: _____ Station: _____

CC pymt code: _____ ACH pymt code: _____

Item codes: _____

References: _____