TouchNet Payment Gateway Access Request

Complete the form, obtain the approval signature, and email it to [merchantservices@okstate.edu](mailto:merchantservices@okstate.edu).

|  |  |
| --- | --- |
| **USER INFORMATION** | |
| **EMPLOYEE NAME:** | **EMPLOYEE EMAIL:** |
| **MERCHANT NAME:** | **CAMPUS ADDRESS:** |
| **TELEPHONE NUMBER:** | **TITLE:** |

**Select campus:**

**OSU – Stillwater  OSU – Okmulgee**

**OSU – Oklahoma City  OSU- Tulsa**

**OSU – CHS  Connors**

**Langston  NEO**

**Panhandle State**

**Select options for Credit Cards:**

**Accountant  Bursar**

**Cashier  Process Credit**

**Resubmit Failed Batch**

**Select options for ACH:**

**Accountant  Bursar**

**Cashier**

**APPROVED (Director/Dept. Head)**

**Signature & Date**

**Confidentiality Agreement**

Access to OSU’s TouchNet Payment Gateway gives you access to sensitive personal information. You are responsible for maintaining the confidentiality of this information and protecting the privacy of OSU students, faculty, staff, clients, and customers. Access to this system is restricted by business need to know. Only individuals needing information to perform job responsibilities will be granted access. User login names and passwords are considered confidential information and are not to be released to anyone, including co-workers. Writing a user login name and/or password in a readily accessible location shall be considered a release of this information and is not permitted.

**I have read and understand the above information and agree to comply with the policies contained in this agreement. I understand failure to comply can result in loss of access privileges and/or disciplinary action.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**User Signature & Date**

FIM Use Only

Access Granted  Employee Notified

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Signature & Date