

# Payment Card Industry (PCI) Compliance Statement Form

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_

Terminal location: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

I have read Austin Peay State University's PCI compliance standard. I understand that I am required to follow this policy as well as other financial policies of the University such as those listed below:

- 4:031 Identity Theft Prevention Policy
- 4:040 Personally Identifiable Information Policy
- 4:041 Safeguarding Nonpublic Financial Information Policy
- 1:016 Preventing and Reporting Fraud, Waste, or Abuse

These policies may be found at [www.apsu.edu/policy](http://www.apsu.edu/policy).

I will keep all customer information private and ensure that customer information and terminals are secured. If I believe that an incident has occurred I will immediately notify my supervisor and security. I will then notify the Bursar in Student Account Services. If the Bursar is unavailable I will contact the University Controller or the Office of Legal Affairs or Vice President for Finance and Administration.

I will follow the above policy requirements and I understand that the University may take action against me, including termination of employment, if I breach this promise.

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Signature of Employee                      Date

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Signature of Supervisor                      Date