



## TRANSACT PAYMENTS ACCESS AUTHORIZATION FORM

### Instructions:

Please fill in the appropriate information in the spaces provided below. Once you have completed this authorization form and the agreement (separate page), please email a scanned copy of both pages to [cashieroperators@byu.edu](mailto:cashieroperators@byu.edu).

If you have any questions, please call Sabrina Warren at 422-4759 or Dane Larsen at 422-5716.

Department			
First Name		BYU Net ID	
Last Name		Work Address [Rm, Bldg]	
Personal BYU Email		Work Phone #	

<b>Please select one of the options below and provide the required information to the right.</b>		
	Replace an existing employee who has the same access	Name of person being replaced _____ Net ID of person being replaced _____ Date to remove access _____ / _____ / _____
	Copy the access rights of an existing employee	Name of person to be copied _____ Net ID of person to be copied _____
	Specify employee's rights	

Please complete the agreement on the attached sheet.



## TRANSACT PAYMENTS TRAINING INFORMATION

To be given access to Transact Payments, you must complete the online training as stated below according to your roles and responsibilities. To access the training database:

1. Log in to BYU myAbsorb, BYU's Training LMS software, here: <https://byu.myabsorb.com/>
2. Once the site opens, click on the "Catalog" tab, and then click on the "Financial Services" folder.

### For Department Deposit Users:

- Complete the entire "Dept Cash Handling Training & Assessment Program" curriculum.

### For Cashiers:

- Completed the entire "Cash & Check Handling Training and Assessment" curriculum.
- Completed the entire "Transact Payments Cashiering Training" course.
- Completed the entire "PCI DSS Training" course. Make sure to complete all 5 modules.  
*\*\*Please Note: Cashiers must retake the "PCI DSS Training" course each year from the date of first completion to comply with PCI DSS regulations.\*\**

### For Web Application Developers:

- Completed the Mastercard "Merchant Cyber Security Training" training [here](#).

### For Inquiry Only Access:

- No trainings are required.

You **MUST** pass all required assessments before submitting the request for access.

## TRANSACT PAYMENTS USAGE AGREEMENT

By signing, you certify that you agree to and will abide by the following statements:

- ✓ I have taken all required training modules and have passed each assessment.
- ✓ I will **NEVER share** my operator id or password with another individual.
- ✓ I will only use Transact Payments for University approved transactions.

Employee Name		Phone	
Employee Signature		Date	
Supervisor Name		Phone	
Supervisor Signature		Date	
Supervisor Email			

**Employee:** Please complete this form, sign it, and submit the form to your supervisor.

**Supervisor:** Please sign this form and email a scanned copy of this completed form to [cashieroperators@byu.edu](mailto:cashieroperators@byu.edu).