CASHNet User Request Form

CASHNet is a web-based POS system used by Cashiering/Student Accounts to process and track monetary transactions at UNO. There are three levels of CASHNet user:

**Departmental Deposit (DD)**
This user either enters individual transactions or a single batch transaction into the CASHNet system. The transaction is processed, but left in an open status until the supporting documentation can be delivered to Cashiering/Student Accounts where it is verified, receipted and closed. The transaction is recorded under the ID of the cashier that receipts it. Credit card transactions are not authorized through CASHNet for this user.

**Limited Service (LS)**
This user acts as a satellite cashiering station, but is still limited to information within his department. Transactions are input individually and a receipt is printed for the payer. At the end of each day, this user closes out his batch and sends money, supporting documentation and the batch close-out report to the Cashiering/Student Accounts office for final balancing and inclusion in the daily deposit.

**Full Service (FS)**
This user is part of the Cashiering/Student Accounts office and has full access of the system. This user may have view access to DD/LS user transactions. Only users of a supervisory level would have access to report on DD/LS. Reports would be generated for the purposes of balancing and depositing funds. A single deposit receipt would be completed at the end of each day to support the currency Cashiering/Student Accounts would be depositing to the bank.

When the Cashiering/Student Accounts Office receives a request for a CASHNet account from a department, a CASHNet User Request Form will be provided to the department. The department should have the employee complete and sign it. The dean/director/department chair will be required to indicate authorization for this employee to access CASHNet and accept responsibility for the security regulations listed below.

Each person accessing CASHNet must have his/her own CASHNet account. Sharing of accounts is not allowed. CASHNet accounts are issued using the NUID.

Once all pages of the attached CASHNet User Request Form are completed and returned to Business Systems Technology (unobst@unomaha.edu, or EAB208N), your request will be processed. If your access is a FS account and has access to credit card processing, Business Systems Technology will set up a training account for required PCI (credit card data handling) training. You will receive your account information via a combination of phone call and email. Please allow approximately one week for this process to be completed.
University of Nebraska at Omaha

CASHNet User Request Form

All fields are required
Please Print

Last Name:____________________________ First Name:_____________________

Job Title:______________________________________________________________

Department Name:______________________________________________________

Check one that applies:

☐ Replacing Current Position ☐ New Position

Person Replacing (if applicable):___________________________________________

User account type:

☐ Departmental Deposit ☐ Limited Service ☐ Full Service

Office Location:_____________________________ Campus Phone:____________

Campus E-mail Address:__________________________________________________

Employee Signature:______________________________ Date:___________________
Credit Card Information Security Guidelines
For Departments Using CASHNet

To be completed ONLY if requesting Limited Service or Full Service access.

The following guidelines are to be used by departments when collecting credit card information from individuals in order to process payments for services, purchases, registrations, etc. Please strictly adhere to the following guidelines in order to safeguard credit card information:

When accepting credit card information for payments where the card is not present, use the UNO “Departmental Credit Card Authorization Form” to document the transaction information if another form has not been developed in the department.

Access to credit card account numbers should be restricted to users on a need-to-know basis.

Accept credit card information by telephone, mail or in person only, NEVER through electronic mail. Accepting credit card information by telephone has more risk since a copy of the authorizing signature is not received for use in potential dispute resolution. It is the department head’s choice to accept credit card information by telephone.

Under no circumstances should credit card information be emailed out of the department.

When it is necessary to record an entire credit card number on a document in order to process the transaction (for example, cardholder information received via mail), “black out” all but the last 4 digits of the credit card number on the document as soon as refunds and disputes are no longer likely, preferably within 60 days. In no case will the entire number be retained for more than 18 months.

Store paper records in a locked room or cabinet when unattended.

Allow only authorized employees to have access to the secure record storage area(s).

Wherever possible, storage areas should be protected against destruction or potential damage from physical hazards, like fire or floods.

If cardholder data is compromised, contact the Cashiering/Student Accounts Office immediately.

The department head is responsible for maintaining internal controls over the department’s money collection processes. Recommended controls can be found at http://cashiering.unomaha.edu/faculty_staff.php

Valuable information is available from VISA on minimizing fraud and other merchant issues at http://usa.visa.com/business/accepting_visa/ops_risk_management/

The department will be charged a discount fee on all credit card receipts. This fee will be based on charges assessed to UNO by the credit card acquirer on the monthly merchant account bank statement. Any questions regarding the assessment of discount charges should be directed to Accounting Services at x2320.
Questions regarding credit card security should be directed to Business Systems Technology, 4-3440.

Your signature on this form will indicate that you and authorized employees in your department have read, understand and agree to abide by the UNO Credit Card Information Security Guidelines and that any new authorized employees will be immediately trained on the Guidelines.

_________________________________________________
Signature of Department Head

___________________________________
Date

______________________________
Print or Type Name of Department Head