



## Annual Commerce Manager PCI Assessment Questionnaire

This self-assessment questionnaire is for Commerce Manager only since Commerce Manager merchants need only a subset of the questions. If you have any please contact [pci@admin.umass.edu](mailto:pci@admin.umass.edu) or call Patty Roper at 577-3045

***SUBMIT THE QUESTIONNAIRE TO [PCI@ADMIN.UMASS.EDU](mailto:PCI@ADMIN.UMASS.EDU) BY APRIL 15***

### 1. Department Information

- a. Department Name \_\_\_\_\_
- b. Name of individual filling out this form \_\_\_\_\_
  - i. Email \_\_\_\_\_
  - ii. Phone \_\_\_\_\_
- c. Name of primary contact for the order \_\_\_\_\_
  - i. Email \_\_\_\_\_
  - ii. Phone \_\_\_\_\_
- d. Business description covered by this questionnaire
- e. Name and title of person who will attest to the information on this form, if different from above

2. Please list all order name(s) that this form is for. You can find the order name at the end of the url posted on your webpage(s) – for example,  
*[https://quikpayasp.com/umass/commerce\\_manager/payer.do?orderType=TEST](https://quikpayasp.com/umass/commerce_manager/payer.do?orderType=TEST) TEST would be the order name;*

3. The department is only accept card not present, online transactions via Commerce Manager  
Yes                      No. If No, explain

4. Are you aware of everyone who has reporting access to your order(s)?

Yes                      No

a. Have they all been annually trained?    Yes    No            Unknown

b. List the names of staff who login to Commerce Manager for reporting, if known

Signature\_\_\_\_\_

Date\_\_\_\_\_