

## Valley City State University Employee Credit Card Security Agreement

I confirm that acting as an employee or agent of Valley City State University; I will keep in strictest confidence all credit card information to which I have access in a manner above reproach in every respect.

I understand that access to credit card information requires the highest degree of public trust to protect the interest of the University and the cardholders.

I understand that it shall be a breach of security standards for any employee of the University or third party with access to credit cardholder's personal information to divulge either directly or indirectly, any cardholder information except on a need-to-know basis. Accordingly, I agree not to release any personal or privileged information of any type without proper authorization from the director, associate director, manager or an appropriate supervisor.

I will strive to protect the University and cardholders at all times when making decisions concerning credit cards and cardholder information.

I understand that all credit card information received verbally, in paper format, or by email will be destroyed after processing.

I certify that I have read the Electronic Financial Transaction Policy and Procedures, Identity Theft Prevention Program Plan, Guidelines for Protecting Sensitive Data and the Reporting & Investigating Theft & Fraud Policy and will abide by their guidelines.

I understand that failure to comply with this agreement may result in criminal and/or disciplinary action, up to and including termination.

**Printed Full Name:** \_\_\_\_\_

**Employee ID/Student ID:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return the completed form to the Business Office  
Room 215 McFarland Hall  
Questions may be directed to 701-845-7222.**