Departments are to use this form to request a NEW eMarket site, or to request any modifications to an EXISTING eMarket site.

REQUESTOR INFORMATION:

Name: ___________________________ Department: ___________________ Dept ID: _______ (4-digit)

Extension: x_______________________ E-Mail: ________________________ Signature X__________

Is this a new eMarket request? YES NO (Circle One)

YES: Site Name___________________________

Existing Site

NO: Existing Site

Briefly explain the deposit/payment needs for your department:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

NEW EMARKET QUESTIONNAIRE:
1) Do you need it to interface to: (Circle all that apply*)
   Campus Solutions? Yes No
   CFS Yes No
   Other (Name/Explain)__________________________
   *If YES to any of these systems, ITS must be involved with development

2) This eMarket will need to accept: (Check payment options)
   __ Credit/Debit Cards
   __ Electronic (e) Check (using Account and Routing Numbers)

3) The department would like the merchant fees to be paid by:
   __ the customer (ACHWEB)
   __ the department (SFSUPACH)

EXISTING EMARKET QUESTIONNAIRE:
1) Do you now have a need for it to interface to:
   Campus Solutions? Yes No
   CFS Yes No
   Other (Name/Explain)__________________________
   Why?__________________________

2) Do your payment options need to change?
   Yes Disable Credit/Debit eCheck
   No- No changes to the existing payment options

3) Do your merchant fees have to be changed?
   Yes- They should be paid by: customer dept
   No- Leave the setting the same

GO LIVE DATE! ___________________
Clickable Date! ___________________

Reporting:
Frequency Daily/Weekly/Monthly
E-Mail to ______________________
__________________________