

JOB REQUIRED CARDHOLDER ACCESS AUTHORIZATION FORM

I, _____, as the Supervisor of _____, in the
(Print Supervisor Name) (Print Employee Name)

position of _____ do authorize the following access to credit card cardholder
(Print Job Title)

data and system access based on the required duties of their job classification and function. This employee will receive annual training on credit card security and PCI-DSS requirements.

(Check all that apply)

- _____ May receive cardholder data in person, via mail or over the phone, including but not limited to Primary Account Numbers, Cardholder Names, Billing Addresses, Expiration Dates, and Service Codes.
- _____ May enter cardholder data for charges to receive an authorization number for payment.
- _____ May enter cardholder data for charges to be reversed and an account to be credited.
- _____ May have administration rights to settle daily deposits of charges & generate reports of charges and to access history of card activity.

I, Julie Cook, as the Director/Designee of the Wyoming Department of Agriculture, authorize the above access to cardholder data and system access based on the required duties of their job classification and function.

(Signature of Supervisor)

(Date)

(Signature of Director/Designee)

(Date)