

# Accounting Services CASHNet eMarket Credit Card Fee Authorization Form

Please complete the form and return to Brian Alley – brianalley@csufresno.edu

**Satellite Location: (Part A)**

**Credit Card Fees** (please check one):  SmartPay Fee (Department pays)  Convenience Fee (Customer pays)

**SmartPay Credit Card Fee – Department pays** (please complete section below only if department will pay convenience fee):

Departments will be charged SmartPay credit card fee of 2.65% per transaction. Pricing is determined by CASHNet® and is subject to change. All eMarket credit card charges should be deducted from the PeopleSoft chartfield account listed below.

**Guidance for entering Chartfields:**

- Revenue (5xxxxx) and expense (6xxxxx) accounts must have an account, fund, department, and class code entered.
- Program and Project codes are only used if a unique chartfield value is shown on the form. Otherwise, leave blank.

660973 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account                  Fund                                  Org                                  Class                                  Project

**Convenience Credit Card Fee – Customer pays** (please complete section below only if customer will pay convenience fee):

eMarket customers will be charged a convenience credit card fee of 2.65% per transaction. Pricing is determined by CASHNet® and is subject to change. \*Department will pay fees not paid by customer for item codes excluded below.

**Apply fee to customer for** (please check one):  All item codes  All item codes except item codes listed below\*

|  |  |
|--|--|
| _____ - _____<br><small>Item Code                                  Description</small> | _____ - _____<br><small>Item Code                                  Description</small> |
| _____ - _____<br><small>Item Code                                  Description</small> | _____ - _____<br><small>Item Code                                  Description</small> |

**Department Use Only: (Part B)**

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)    (Signature)

I acknowledge that eMarket credit card fees will be charged as indicated above.

Department: \_\_\_\_\_ eMarket: \_\_\_\_\_ Ext \_\_\_\_\_

Chair /Dean/Director/Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)    (Signature)

**Accounting Services Use Only: (Part C)**

Cashier Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)    (Signature)

Merchant: EM\_ \_\_\_\_\_ Go-live Date: \_\_\_\_\_

Emailed to General Accounting & Reporting: \_\_\_\_\_ Date: \_\_\_\_\_