



Annual Self Assessment PCI Questionnaire

Merchant Identifier /DBA: _____

Location: _____

Business Owner Name: _____

Device Make, Model & Serial #: _____

Device IP Address: _____ **URL:** _____

Payment Accepted:

Visa

Discover

MC

AMEX

Types of Transactions (form): _____

Network: _____

Payment Card Data Handling Process: _____

Provider Name (3rd party): _____

Software (stored locally / electronically): _____

Number of E- Commerce Transactions per Year: _____

Financial Account Location: _____

The information contained in the attached assessment is provided as a fair and accurate representation of merchant compliance with the Payment Card Industry (PCI) standards. The questionnaire has been completed after a thorough review of compliance to each standard and the status determination reflects the actual status of compliance as of the report date.

Certified by: _____
Manager Signature Date

Please attach a copy of Relevant Contracts, MOUs, practices or other legal instruments with bank or 3rd party.

Submit to: CSUDH Information Security Officer WH 380