



WRIGHT STATE UNIVERSITY

Application for Cash Collection Center and/or E-commerce Website

Department/Unit Name: _____

Department/Unit Address: _____

Primary Contact Name: _____

Phone Number: _____ Email: _____

Anticipated Methods of Collecting Payments (Check All that Apply)

- In Person
- Mail
- Wire or ACH
- Website

Describe why the Cash Collection Center and/or E-commerce Website is needed and what products or services will be offered:

If through a website

Does your department have an existing website?

- Yes If yes, please list your web address:
- No If no, indicate time by which Cash Collection/E-commerce website is needed:

Indicate desired payment methods (Check All that Apply)

- E-check
- Charge Card
- Debit Card

Please note any special requests:

I have read and agree to comply with the Wright State University Cash Collection Policy and Procedures.

Signature of Department Director/Date

Signature of Fiscal/Business Manager/Date

Approval from Dean/Divisional Vice President:

Title/Signature/Date