

PCI REQUEST FOR CHANGE

Change Request Information

Reference Number

Change Request Title

Functional Area

Submission Date

Requested By

Description

Analysis

Requirement Impact:

- | | |
|---|--|
| <input type="checkbox"/> Install and maintain a firewall configuration to protect cardholder data | <input type="checkbox"/> Restrict access to cardholder data by business need to know |
| <input type="checkbox"/> Do not use vendor-supplied defaults for system passwords and other security parameters | <input type="checkbox"/> Assign a unique ID to each person with computer access |
| <input type="checkbox"/> Protect stored cardholder data | <input type="checkbox"/> Restrict physical access to cardholder data |
| <input type="checkbox"/> Encrypt transmission of cardholder data across open, public networks | <input type="checkbox"/> Track and monitor all access to network resources and cardholder data |
| <input type="checkbox"/> Use and regularly update anti-virus software or programs | <input type="checkbox"/> Regularly test security systems and processes |
| <input type="checkbox"/> Develop and maintain secure systems and applications | <input type="checkbox"/> Maintain a policy that addresses information security for employees and contractors |

Risks:

Cost:

Change Control Board Decision

Participation:

Int Auditor: _____ IRMO: _____ System Owner: _____ Asst Treasurer: _____

Decision:

Signature: _____
PCI Program Manager

Date: _____