## Instructions

Please email the completed and signed copy of the Discover® Merchant Extension Request Form to **DISCCompliance@discover.com**.

**Level 1 or 2 Merchants:**

Please complete the Prioritized Approach for PCI DSS worksheet and return along with the signed copy of this letter. Also, report your progress and provide your scan results on a quarterly basis.

**Level 3 Merchants:**

Please complete the Prioritized Approach for PCI DSS worksheet or Action Plan for Non-Compliant Status section of the Attestation of Compliance and return along with the signed copy of this request form.

Submission of an action plan or the Prioritized Approach to Discover® Network shall not be deemed a waiver by Discover Network of its rights under any applicable agreement or operating regulations.

A copy of the Prioritized Approach can be found at:
**https://www.pcisecuritystandards.org/document_library**

DISCOVER®
GLOBAL NETWORK

**Request Date (MM/DD/YY):**

Request to extend PCI Compliance Reporting Date to **New Date (MM/DD/YY):**

Please accept this as the formal Discover Information Security Compliance (DISC) Program documentation for:

**Merchant Name:**                                          **Discover® Merchant Number:**

**Discover® Network Transactions Merchant Level:**

I acknowledge that we must adhere to the DISC Program and that our organization is required to maintain full compliance with the PCI DSS at all times.

I also acknowledge that we remain liable to Discover Network for all indemnity obligations for a Data Security Breach and are subject to all other provisions of the Discover Network Operating Regulations or contract.

The following are the issues, at a high level, that prevent us from being fully compliant to PCI DSS at this time are listed below:

**Issues:**

We intend to the take the following steps to address the issues noted above:

**Task Description**                                          **Due Date (MM/DD/YY)**

We plan to complete the above tasks and become fully compliant to PCI DSS and DISC Program by:
**Date:**

In the meantime, below is a description of our security program which we rely on to mitigate any security risks:

**Key Details:**

**Provide Any Compliance to Other Industry Standards:**

**Provide Any 3rd Party Assessments:**

Furthermore, we agree to provide periodic updates of our progress toward remediation and PCI Compliance.

Sincerely,

_____          _____
Signature                                                                        Date


_____          _____
Print Name                                                                     Title

Mailing address:  Discover Information Security Compliance Program, 2500 Lake Cook Road, Riverwoods, IL  60015

**DISCOVER**
GLOBAL NETWORK