WV PAY CARD FORM INSTRUCTIONS

Revised 05/14/2025

In order to process a WV Pay Card request, the following employee information must be provided:

1. First and Last Name
2. wvOASIS Employee ID (This can be provided by your State Agency Payroll Department.)
3. Social Security Number
4. Home Phone Number
5. Physical Address *(PO Boxes are **NOT** allowed. This address must be on file in the HRM Payroll system.)*
6. Mailing Address *(Please provide If the address is different from the physical address. PO Boxes **ARE** allowed. This address must be on file in the HRM Payroll system.)*
7. Date of Birth
8. Employee's Signature and Date

Once the information above has been provided, forward request to your State Agency Payroll Department for completion.

To complete a WV Pay Card request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name
2. Provide Phone Number
3. Review the form and make sure it has been completed properly.
4. Sign and Date the form.

Once the information above has been completed, forward the form to the West Virginia State Auditor's Office, ePayments Division.

WV Pay Card Form

Revised 05/14/2025

West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-100, Charleston,
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

The issuer will use the information below to verify your identity.

EMPLOYEE INFORMATION

First Name: _____ MI: ____ Last Name: _____

wvOASIS Employee ID: _____

SSN: ___ ___ ___ — ___ ___ — ___ ___ ___ ___

Home Phone #: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ___ ___ ___ ___ ___ ___ ___ ___
M M D D Y Y Y Y

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: _____ Date: _____

To be completed by the State Agency Payroll Department.

State Agency: _____ Phone #: _____ Ext #: _____

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature: _____ Date: _____

U.S. Bank Focus Card Pre-Acquisition Disclosure
Program Number: 237442357 Non-Portable

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
$0	**$0**	**$0** in-network **$1.75** out-of-network	**N/A**

ATM Balance Inquiry (in-network or out-of-network)	$0
Customer Service (automated or live agent)	$0 per call
Inactivity	$0 per month

We charge 1 other type of fee. It is:

Card Replacement (standard or rush)	$5.00* or $25.00*

*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence.

See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit *cfpb.gov/prepaid.*
Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.

U.S. Bank Focus Card Fee Schedule
Program Number: 237442357 Non-Portable

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® or Allpoint® ATM networks. Locations can be found at *usbank.com/locations* or *moneypass.com/atm-locator.html* or *allpointnetwork.com*.
ATM Withdrawal(out-of-network)	$1.75	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
Other		
Card Replacement	$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Other Third-Party Fees	Varies by provider	Some third-party service providers like person-to-person payment services or mobile wallet providers may charge you a fee for using your card to make payments.

Your funds are eligible for FDIC insurance up to $250,000. FDIC insurance protects deposits from loss due to bank insolvency. See *fdic.gov/deposit/deposits/prepaid.html* for details.

No overdraft/credit feature.
Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit ***usbankfocus.com***.

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. If you have a complaint

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about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit *cfpb.gov/complaint*.

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

CR-49919051

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