

ELECTRONIC PAYMENT AUTHORIZATION

Check applicable box(es):

Direct Deposit Only

ELECTRONIC PAY CARD (EPC) ONLY

- NEW** Direct Deposit authorization/set-up
- STOP** Direct Deposit and **START** EPC
- CHANGE** to bank account information **ONLY**

- NEW EPC** set-up
- STOP** EPC and **START** Direct Deposit
- UPDATE** EPC contact information
- REPLACE** an Electronic Pay Card

If you fail to provide all the information requested below, your request will not be processed and this form will be returned to you.

Name (*Last, First, M.I.*) _____ Contact's Phone No. _____

Custodial Parent's Date of Birth (*MM/DD/YYYY*) _____ SOC. SEC. NO. _____

Atlas Case No. _____

Current Mailing Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

DIRECT DEPOSIT ONLY

All of your child support payments and, if applicable, spousal maintenance will go through direct deposit. They will be deposited into one account only, which can be a savings or checking account. If you wish funds to be deposited to your checking account, please **attach a personal check marked "VOID" and complete the following information**. If you wish funds to be deposited to your savings account, please provide a letter from your financial institution with your routing and account number.

IMPORTANT! Please attach a copy of a voided check from your account or a letter from your financial institution if a check is not available.

I HEREBY AUTHORIZE the Arizona State Disbursement Unit (*SDU*) or its agent designated to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (*our*) **Checking Savings Account** indicated below, to credit and/or debit the same to such account for the purpose of support payments.

ABA Bank Routing No./Account No. _____ Name of Financial Institution _____

First Name on Account (*Last, First, M.I.*) _____

Second Name on Account (*Last, First, M.I.*) _____

This authority is to remain in full force and effect until DCSS has received written notification from me of its termination in such time and in such manner as to afford DCSS a reasonable opportunity to act on the notice. This authority may also be terminated by DCSS or its agent by mailing notice to the last mailing address I provided to DCSS or its agent. I will keep the Arizona State Disbursement Unit or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments. I have received and understand the fee disclosure associated with having an EPC.

Print Your Name _____ Your Signature _____ Date _____

RETURN SIGNED FORM TO: ARIZONA STATE DISBURSEMENT UNIT (SDU)
Electronic Payment Authorization Unit
P.O. Box 36626
Phoenix, AZ 85067-6626

For questions regarding this form or this process, please contact Customer Service at 602-252-4045.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

Arizona Department of Economic Security Way2Go Card® issued by Comerica

You have options to receive your payments: this prepaid card or direct deposit to your bank account. Tell the State agency which option you choose.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network	N/A
		\$0.75 out-of-network	

ATM balance inquiry (in-network or out-of-network)

\$0.00

Customer service (automated or live agent)

\$0.00

Inactivity

\$0.00

We charge 2 other types of fees. Here they are:

Card replacement (regular or expedited delivery)

\$0 or \$11.00

International ATM transaction

\$0.75

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 in the cardholder agreement.

List of all fees for Arizona Department of Economic Security Way2Go Card Prepaid Mastercard

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	\$0.00	There is no fee to use our bill pay service on our website, www.GoProgram.com .
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals conducted at Comerica, Allpoint and MoneyPass ATM locations. In-network locations can be found at https://locations.comerica.com/ , https://www.allpointnetwork.com/locator.html and moneypass.com/atm-locator.html . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM withdrawal (out-of-network)	\$0.75	This is our fee. "Out-of-network" refers to all ATMs outside of the Comerica Bank, Allpoint and MoneyPass ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your Card at an ATM, the maximum total amount that may be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawal (OTC)	\$0.00	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee to conduct balance inquires at ATM location
ATM denial (in or out-of-network)	\$0.00	There is no fee for declined transactions at any ATM.
Customer service	\$0.00	There is no fee for calling the automated customer service number on the back of your card. There is never a fee to transfer to a live agent.
Using your card outside the U.S.		
International ATM transaction	\$0.75	This is our fee you will be charged for each ATM withdrawal you conduct outside the United States. You may also be charge a fee by the ATM operator, even if you do not complete the transaction.
International transaction fee	\$0.00	There is no additional fee to conduct transactions outside the U.S.
Other		
Card replacement	\$0.00	There is never a charge to replace your card. Standard delivery in the U.S. 7 to 10 calendar days.
Expedited card delivery	\$11.00	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee. Expedited card delivery is 3 to 5 calendar days.
Funds transfer	\$0.00	There is no fee to transfer funds from your card account to a bank account owned by you located in the U.S.A.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details. No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-915-4041, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

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