

WESTERN MICHIGAN UNIVERSITY Pay Card Form

| First Name: | | L | ast Name: | |
|--|---|----------|--|-------------------|
| Employee ID or WIN: | | P | hone #: | |
| Check Box: | ☐ STUDENT | □ BIWEEI | KLY SEMIMONTHLY | |
| Please Read the Following Carefully: I authorize my wages or salary to be deposited to my Paycard account. I understand that the Money Network Payroll Debit Card provides a dependable, safe, convenient way to access and receive pay on and after each payday. The Paycard offers immediate worldwide access wherever the card is accepted for ATM cash and bank-branch withdrawals, store purchases (including "cash back"), money transfers to a personal or joint checking account and free balance inquiries by phone or online. Many card transactions are free and there is no fee to access 100% of the wages, to the penny. I also understand that there are some card transactions that include | | | | |
| fees. The terms and conditions, fee schedule, and other disclosures related to the service and a check option are included in the Service's Welcome Packet. The USA Patriot Act is a federal law that requires financial institutions to take certain actions to verify account holder information for all accounts on file. In order to comply with this requirement, Money Network Services may ask for all or some of the following information: your full name, address, date of birth, Tax Identification Number (SSN or Alien ID) and other information that will allow it to process ID and Office of Foreign Assets Control (OFAC) Verification, if it does not already have this information on file. Additional documents may also be requested for identity verification. | | | | |
| Monthly Maintena | ince | \$0.00 | Retail Load at Participating Locations/ Varies by Retailer | \$0.00 |
| No load activity after 90 days | | \$4.95 | neturi zoud de l'alterpatrig zoudrons, varies sy neture | φο.σσ |
| Money Network Checks | | \$0.00 | Purchases – signature-debit point-of-sale (domestic) | \$0.00 |
| Purchases – PIN-debit point-of-sale (domestic & international) | | \$0.25 | Cash Back with a PIN-debit purchase (domestic/international) | \$0.25 |
| ATM Withdrawals / In-network / Domestic – first after each load (payroll) | | \$0.00 | ATM Withdrawals/ In-network/ Domestic – after first | \$0.00 |
| ATM Withdrawals / Out-of-network / Domestic | | \$1.75 | ATM withdrawals / In or out of network / International | \$2.50 |
| Bank Teller Over the Counter Withdrawal | | \$0.00 | Foreign Transactions / Conversion Fee | 2.00% |
| Transfer Funds to a Personal Bank Account (ACH) | | \$0.00 | International Money Transfer | Varies |
| Negative Balance Fee | | \$0.00 | Periodic Monthly Paper Statement (Optional) | \$2.95 |
| Balance Inquiry (Web or Phone) | | \$0.00 | Balance Updates (Text or E-mail) | \$0.00 |
| Customer Service Using Automated Phone System Operator Assistance Services Not via Automated Phone System | | \$0.00 | Operator Assistance via Automated Phone System | \$0.00 |
| Operator Assistant | ce Services Not via Automated Phone System | \$0.00 | Lost or Stolen Card Replacement Expedited shipping | \$6.00 \$13.00 |
| Secondary Card – I | Request Additional Card for Family/Dependents | \$2.00 | Secondary Card – Move Funds to a Secondary Card | \$0.00 |
| *If no election is made a Payroll Debit Card will be issued to you automatically. Please return this form to Payroll located in the Seibert Administration Building room 1270. | | | | |
| Payroll Authorization: I hereby authorize direct deposit of my net pay/stated amounts and any reimbursements by my employer into the pay card account above. I understand a deposit will be made each payday unless I terminate this agreement in writing. If my employer deposits funds into my account in error, I authorize my employer to direct Money Network Services® to debit my account for an amount not to exceed the original amount of the credit. This authority will remain in effect until I have filed a new payroll election, or until revoked by me in writing or upon termination of my employment. I authorize Money Network Services® to deduct any applicable fees from the available balance of my Paycard account, per MNS's Cardholder Terms & Conditions. Employee Signature: | | | | |
| Office Us | e Only: □ Checked ID | | Date: | |

___ Checked by: _____

Date Entered: __/__/ Pay Period: _____ Employee ID #: _____ Entered by: __