# **Prepaid Debit MasterCard** Way2Go Card®

## Issued by Comerica Bank

- Access to your support payment when you shop
- Receive cash back when you make a purchase
- Use anywhere MasterCard is accepted

South Carolina Prepaid Card issued by Comerica

You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own

prepaid account; or this benefits card. You do not have to accept this benefits card. Ask about other ways to receive your benefits.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$1.75*	N/A
ATM balance inquiry (in-network or out-of-network)			\$0.75
Customer service (automated or live agent)			\$0 or \$0.50* per call
Inactivity (after 22 months with no transactions)			\$1.25
We charge 7 other types of fees. Here are some of them:			
Point-of-sale denial fee			\$0.75
Card replacement fee (regular or expedited delivery)			\$5.00* and \$21.00*

<sup>\*</sup> This fee can be lower depending on how and where this card is used. See separate disclosure for ways to access your funds and balance information for

#### 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.

Way2Go Card® fees and features are detailed online at www.dss.sc.gov/child-support



# **Direct Deposit/ Debit Card Enrollment**

for Parents **Receiving Child** Support

# **Important Information About Your Child Support Payments**

The State of South Carolina is changing the way you receive your child support payments.

The South Carolina Department of Social Services (DSS) and Clerks of Court are moving to a new federally mandated child support computer system over a ten-month period beginning October 2018.

### Already receiving child support payments via direct deposit?

You will continue to receive payments this way. If you would like to change your bank account information or receive payments via debit card instead, please complete and return the form.

#### Otherwise:

You must enroll to receive your child support payments via direct deposit to your bank account or via a prepaid debit MasterCard Way2Go Card<sup>®</sup>. Please complete the enrollment form inside this brochure and return it in the enclosed envelope.

The payment method you select on the form will apply to all of your child support cases as each case is transferred to the new State Disbursement Unit (SDU). You will receive additional instructions by mail as your case(s) is moved to the new system.

If you are not already enrolled in direct deposit or you do not complete and return the form, you will automatically receive the Way2Go Card®.

#### Already receiving child support payments via debit card?

Once your case(s) moves to the new system, your current debit card will no longer receive payments. If you choose the Way2Go Card®, you will receive the card within 20 days after your case(s) moves to the new system.



# Instructions for Enrollment

Fill out the enrollment form.

You must choose to receive your child support payments via direct deposit with no associated fees or via a prepaid debit MasterCard Way2Go Card®. Information on the Way2Go Card® fees are included in this brochure

Mail the form to the SDU.

Use the enclosed envelope and return to:

South Carolina State Disbursement Unit PO Box 100304 Columbia, SC 29202-3304

# **For More Information**

Visit the South Carolina child support website at https://dss.sc.gov/child-support Contact the SDU at 800-768-5858

# Direct Deposit/Debit Card Enrollment Form

Personal Information

Please fill in all of the information below using black or blue ink only.

**Full Name (Custodial Parent)** 

SC Member ID

If member ID is unknown, provide a single case number. All cases will be enrolled in the method you select below.

Date of Birth

Social Security Number

**Primary Phone Number** 

**Email Address** 

**►** Enrollment Options

Please select one:

O Direct Deposit

O Debit Card

Peminder: If you selected direct deposit, please include a voided check. If you have an account that does not offer checks, please provide a letter from your financial institution confirming your routing and account numbers for direct deposit.

### **Direct Deposit Information**

Fill in only if selected.

Name of Financial Institution (Bank or Credit Union)

**Account Selection and Numbers** 

Please select one:

O Checking account O Savings account



Please include a voided check. If you have an account that does not offer checks, please provide a letter from your financial institution confirming your routing and account numbers for direct deposit.

**Account Number** 

**Routing Transit Number** 

## **Direct Deposit Authorization**

I certify that I am entitled to the payments identified above and that I authorize my payment to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until SC Child Support Services Division (CSSD) receives written notification from me of termination at such time and such manner as to afford a reasonable opportunity to act on it. Written notification can be sent to the CSSD at PO Box 810, Columbia, South Carolina 29202. To change financial institutions or accounts, I will complete and submit a new application. If I believe funds posted to my account where applied in error, I must contact CSSD. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. The SDU agrees to be bound by the National Automated Clearing House Association (NACHA) Operating Rules, and acknowledges that direct deposits to the designated account must comply with the provisions of applicable U.S. law, as well as the requirements of the Office of Foreign Assets Control.

Signature

Date

## Way2Go Card® Authorization

This authorization will remain in full force effect until SC Child Support Services Division (CSSD) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. Written notification can be sent to the CSSD at PO Box 810, Columbia, South Carolina 29202. I understand by signing this enrollment form and returning it to CSSD that I am authorizing CSSD to post my support payments onto the prepaid debit MasterCard Way2Go Card® issued by Comerica Bank. I certify that I am at least 18 years of age. I also certify that I am entitled to the payments identified above and that I authorize my payments to be sent to Comerica Bank where my support payments will be held until I use them. If I believe funds posted to my account where applied in error, I must contact CSSD. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. I acknowledge that I have reviewed the Way2Go Card® fee disclosure forms available at www.dss.sc.gov/child-support. I understand the fees that are associated with the use of the Way2Go Card®.

Signature

Date