



INSTRUCTIONS TO EMPLOYEES:

1. Complete this form online at <http://go.usa.gov/33J>.
2. Read the Terms and Conditions on Page 2.
3. Print, sign, and give to your agency payroll office.

NOTE: Allow at least one full pay cycle for set-up.

INSTRUCTIONS TO PAYROLL OFFICES:

1. See the Entry Guide, Direct Deposits for complete instructions.
2. Enter Focus in the P070 COMM field.
3. Complete the "Agency Contact" portion of this form and fax to OSPS (503-378-3518).
4. When completed, this form is Information Asset Classification Level 3 as defined by the Enterprise Security Office.
5. Refer to the Secretary of State, Archives Division Administrative Rules for retention guidelines.

FOR AGENCY USE:

| | | |
|---|-------------------|-----------------|
| XDNN <small>Plan Code</small> | Entry Date | Initials |
| Date Pre-Note | Date Live | |

OSPS Use Only
Received Date Stamp

PAY CARD AUTHORIZATION FORM (SIGN UP OR CANCEL)

U.S. Bank Focus® MasterCard®

I Want To:

- START using the pay card (Complete Sections A through C)
- CHANGE dollar amounts (Complete Sections A-ID# & Name, B-Change, and C)
- STOP using the pay card (Complete Sections A- ID# & Name and D)

Section A: About Me

| | | | |
|--|------------------|---|---|
| Employee ID Number: (Please do not use your Social Security number here.) OR _____ (Don't know this? Find it on your paystub, or ask payroll to help.) | | | |
| Name: First | | Name: Last | |
| Physical Address: | | | |
| City: | | State: | ZIP Code: |
| <input type="checkbox"/> Mailing Address same as Physical Address | | | |
| Mailing Address: | | | City: |
| State: | Zip Code: | Date of Birth: ___ / ___ / 19__ | Social Security Number: ____ - ____ - _____ |

Section B: About My Deposit

NEW DEPOSITS

- Deposit my entire pay after deductions
- Deposit fixed amount each month
Amount: \$ _____

CHANGE DEPOSIT AMOUNTS

Old Amount: \$ _____
New Amount: \$ _____

Section C: Authorization

OPTIONAL: Authorization to Override \$ Limits:
I acknowledge the risk of raising the standard limits as outlined on Page 2 of this form for cash withdrawals, and request my daily teller withdrawal limit be raised to \$ _____. Initials: _____

OPTIONAL: Override Statement Default:
I acknowledge the risks associated with paper statements and choose to receive my statement through U.S. mail.
Initials: _____

Important! Please read and sign before submitting: I authorize the State of Oregon to deposit payments and make overpayment adjusting debits to my pay card. I have read and understand the information contained on all pages of this form. I understand that direct deposit transactions must comply with federal and state laws. I authorize the State of Oregon to share the information on this form with U.S. Bank, N.A. I also understand that when I start using the pay card, I am agreeing to be bound by the Cardholder Agreement that I will receive with my card.

Signature: _____ Date: _____

| |
|--|
| <p>Section D: Cancel Authorization (SKIP THIS IF NOT CANCELLING) <i>NOTE: Complete the "Name" and "Employee ID Number" fields in Section A.</i></p> <p>I hereby revoke my previous authorization for direct deposit to this pay card:</p> <p>Signature: _____ Date: _____</p> |
|--|

Section E: Agency Contact (for Agency Use Only)

| | |
|----------------------|--|
| Agency Number | Contact Name (Please PRINT or TYPE) |
|----------------------|--|

For OSPS Use Only

- Verify to P070
- Web Entry | Initials: _____

Terms and Conditions

FEES ASSOCIATED WITH THE FOCUS CARD

| Activity | Cost | | |
|---|--------------------------------|----------------------------|------------------------|
| Monthly Account Maintenance | Free | | |
| Purchases at Point-of-Sale (Domestic) | Free | | |
| Cash Back with Purchases (Domestic) | Free | | |
| ATM Transactions¹ | <u>Cash Withdrawal</u> | <u>Declined Withdrawal</u> | <u>Balance Inquiry</u> |
| U.S. Bank ATM | Free | Free | Free |
| MoneyPass®ATM | Free | Free | Free |
| Other ATM | \$1.75 | Free | Free |
| International ATM | \$2.00 | Free | Free |
| The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete. | | | |
| Teller Cash Withdrawal | Free | | |
| Customer Service | | | |
| Automated Phone Service | Free | | |
| Online | Free | | |
| Live Phone Representative | Free | | |
| Text or Email Alerts ² | Free | | |
| Inactivity | | | |
| After 365 consecutive days (or a longer period of time or never, as restricted under applicable state law). Not assessed if balance is \$0.00. | \$2.00 Per Month | | |
| Monthly Paper Statement | Free | | |
| Card Replacement | | | |
| Standard Mail or Issued by employer (if applicable to your program) | Free | | |
| Expedited Mail | \$15.00 | | |
| Foreign Transaction | Up to 3% of transaction amount | | |
| ¹ The first two cash withdrawals per month from any non-U.S. Bank ATM or non-MoneyPass ATM will be free. | | | |
| ² Standard messaging charges apply through your mobile carrier and message frequency depends on account settings. | | | |

STANDARD LIMITS

To lessen the risk of loss due to fraud or theft U.S. Bank has the following daily dollar amount limits on the Focus card:

| Transaction Limits | Count | Amount |
|---|------------|-------------------------|
| Maximum Card Balance | N/A | \$40,000 |
| Purchases (includes cash back) | 20 per day | \$4,000 per transaction |
| Cash Loads (If applicable to your program) | 3 per day | \$950 per day |
| Teller Cash Withdrawal | 5 per day | \$5,000 per day |
| ATM Withdrawal | 5 per day | \$1,525 per day |
| Loads or Deposits | 10 per day | \$20,000 per day |
| Signature-based POS returns | 4 per day | N/A |
| Pending ACH Credits | 5 per day | \$5,000 per day |
| ACH Loads | 5 per day | \$20,000 per day |
| We reserve the right to change the above fee schedule upon written notification to you as required by applicable law. | | |

For your own safety, we encourage you to use your card for transactions, rather than carrying large amounts of cash. If you believe your use of the card will **exceed** the dollar limit for cash withdrawals, you can request a higher limit for teller withdrawals from a financial institution. Complete the Authorization to Override Risk Limits box beneath Section B. OSPS will request an exception for your card.

STATEMENT FORMAT

Unless you request a paper form, you will receive an electronic statement through a secure website.

The website address will come with your card.

PRIVACY NOTICE

U.S. Bank collects name, date of birth, physical address, mailing address, and taxpayer ID number from its cardholders. They cannot issue a Focus Card unless you supply this information. If provided, U.S. Bank will use this information to verify your identity. They will not share it with other entities. See their privacy information below.

U.S. Bank pledges to maintain the privacy of your information by restricting access and maintaining physical, electronic, and procedural safeguards to keep the information safe. (For the full text of the Bank's Consumer Privacy Pledge, see http://www.usbank.com/consumer_privacy.html. You will also receive a copy with your new card.)

IF YOU HAVE NOT RECEIVED YOUR PAY CARD WITHIN 10 BUSINESS DAYS, CONTACT YOUR AGENCY'S PAYROLL OFFICE.