



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. Complete the "Agency Contact" portion of this form and fax to OSPS (503-378-3518).
3. When completed, this form is Information Asset Classification Level 3 as defined by the Enterprise Security Office.
4. Refer to the Secretary of State, Archives Division Administrative Rules for retention guidelines.

FOR AGENCY USE:

Table with 4 columns: XDNN Plan Code, Entry Date, Initials, Date Pre-Note, Date Live

OSPS Use Only
Received Date Stamp

PAY CARD FORM (SIGN UP OR CANCEL)

U.S. Bank AccelaPay® Visa® Card

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
Street Address:
City: State: ZIP Code:
Telephone: Home Telephone: Work
Social Security Number: Date of Birth: Mother's Maiden Name:

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 overriding the standard limits as outlined on Page 2 of this form, and request my daily withdrawal limit for ATM and/or Teller transactions to be \$ _____. 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 both 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: _____

Section D: Cancel Authorization (SKIP THIS IF NOT CANCELLING)

NOTE: Complete the "Name" and "Employee ID Number" fields in Section A.

I hereby revoke my previous authorization for direct deposit to this pay card:

Signature: _____ Date: _____

Section E: Agency Contact (for Agency Use Only)

Agency Number Contact Name (Please PRINT or TYPE)

For OSPS Use Only

- Verify to P070 / PBED
Check Acct Status
Web Entry | Initials:

Terms and Conditions**FEES ASSOCIATED WITH THE ACCELAPAY CARD**

If you have requested an AccelaPay Card, you will receive a list of fees that apply when you receive your card. There is a \$1.50 service charge for each ATM cash withdrawal after the first two free ATM cash withdrawals each month at any U.S. Bank ATM or any VISA/PLUS-branded ATM in the United States. (NOTE: Other ATM owners may assess an additional fee.)

There is also a \$3.00 fee for each teller cash withdrawal after the first two free teller cash withdrawals each month at any participating financial institutions that accept VISA at their teller window.

If the account is inactive for 365 straight days, the bank will assess a fee of \$2.00 per month until the balance is \$0.00 or the account becomes active again. You may receive up to 3 non-expedited replacement cards without a fee per year. There will be a fee of \$4.00 after the third replacement card; as well as, a \$15.00 fee to expedite the replacement of any card. If you opt into overdraft coverage, there is a \$17.00 fee for overdrawing your account.

STANDARD LIMITS

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

- You may withdraw up to \$1,000 from an ATM each day
- You may withdraw up to \$1,000 from a financial institution each day
- You may buy up to \$3,000 worth of goods or services using point-of-sale service each day
- You may buy up to \$2,000 worth of goods and services using point-of-sale services with a PIN each day
- You can pay bills up to \$1,500 for a single payment and up to \$2,500 daily using Bill Pay service

If you believe your use of the card will exceed the dollar limits for ATM and teller withdrawals, complete the Authorization to Override Risk Limits box beneath Section B. OSPS will request an exception for your card.

For your own safety, we encourage you to use your card for transactions, rather than carrying large amounts of cash. If you are using the cash to pay bills, you may want to consider using the card's Bill Pay services. Also, remember that there is a fee associated with each cash withdrawal after 2 per month from either a U.S. Bank ATM or bank teller.

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. You will need one of the following browsers to access your account: Microsoft Internet Explorer 5.0 or later, Netscape 4.72 or later, or AOL 5.0 or later.

PRIVACY NOTICE

U.S. Bank collects name, date of birth, residential or business address, and taxpayer ID number from its cardholders. They cannot issue an AccelaPay 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.

This form also requests your mother's maiden name. When you call U.S. Bank Customer Service for help with your card, the representative will ask you two questions to ensure you are who you say you are. One of these questions may be mother's maiden name. By supplying this information, you help U.S. Bank protect your account.

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 BY THE 10TH OF THE NEXT MONTH, CONTACT YOUR AGENCY'S PAYROLL OFFICE.