## Direct Deposit or Utah Debit MasterCard® Card

Utah Code Annotated 26B-9-113 requires the Office of Recovery Services (ORS)

To send child support payments through electronic funds transfer.

THIS MEANS THAT ORS WILL NO LONGER SEND PAPER CHECKS.

Enclosed is the Electronic Payment Enrollment Form.

If you have not already selected a method for receiving future support payments automatically, please take the following steps within thirty (30) days of receiving this form:

- Review the information about Direct Deposit and Utah Debit MasterCard® Card.
- Choose which way you wish to receive payments in the future.
- Complete the Electronic Payment Enrollment Form.
- Return the completed form.
- If you are requesting Direct Deposit, you must include a voided check or copy of your bank statement preprinted with the bank's name, your name, address and full account number.

IF YOU DO NOT SELECT A METHOD FOR RECEIVING FUTURE CHILD SUPPORT PAYMENTS,
IF YOU FAIL TO COMPLETE THE ENROLLMENT FORM, AND/OR
IF YOU FAIL TO PROVIDE ALL OF THE REQUIRED INFORMATION FOR DIRECT DEPOSIT,
ORS WILL ENROLL YOU IN THE UTAH DEBIT MASTERCARD® CARD PROGRAM.

How is Direct Deposit different than the Utah MasterCard® Card?

Direct Deposit	Utah Debit MasterCard® Card
Payments are deposited in your bank account.	Payments are deposited into a separate account used for
	your support payments.
Access these funds the same ways you use any other	Access these funds by using your Utah Debit
money in your account.	MasterCard® Card to make purchases or to withdraw
	cash anywhere that MasterCard® is accepted.
A record of deposits will appear on your bank	Balance and account information is available 24 hours a
statement.	day, every day.
No additional fees.	There is an \$0.85 transaction fee for all out-of-network
	ATM withdrawals not conducted at MoneyPass ATMs.
	Some ATMs also surcharge; use MoneyPass ATMs to
	avoid the surcharge fee. \$1.50 per month may be
	charged after 12 months of inactivity following activation
	of your card.

## Why do you need my Social Security number?

Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a state's child support enforcement program to request social security account numbers in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

If you have questions about the application process for Direct Deposit or for Utah Debit MasterCard® Card, please call: (801)536-8500.

Return the completed Electronic Payment Enrollment Form (and a voided check or copy of your bank statement, if you are requesting direct deposit) to:

OFFICE OF RECOVERY SERVICES
ATTN: EFT UNIT
PO BOX 142450
SALT LAKE CITY, UT 84114-2450

## Utah Child Support Prepaid Card issued by Comerica

You have two options to receive your payments: direct deposit to your bank account; or this prepaid card. You do not have to accept this prepaid card. Ask about other ways to receive your funds.

Monthly Fee	Per purchase	ATM Withdrawal	Cash reload
\$0	\$0	\$0 in-network	N/A
		\$0.85* out-of-network	
ATM balance inqui	\$0		
Customer Service	\$0		
Inactivity (after 12	\$1.50 per month		
We charge 2 other			
Card replacement	\$0.00 or \$13.00*		
Int'l transaction (e	3% of the transaction amount		

<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 fee.

## 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 Utah Way2Go Card Prepaid Card

All Fees	Amount	Details						
Get Started								
Card Purchase	\$0.00	There is no fee to obtain a Card account.						
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 PIN number.						
Get Cash								
ATM withdrawal (in network)	\$0.00	There is no fee for ATM withdrawals conducted at MoneyPass ATM locations. Innetwork locations can be found at 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)	\$0.85	This is our fee. "Out-of-network" refers to ATMs outside of the MoneyPass Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charges a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00						
Teller-assisted cash withdrawal (OTC)	\$0.00	There is no fee for teller-assisted cash withdrawals conducted at Mastercard Member Bank or Credit Union teller windows.						
Information								
ATM balance inquiry	\$0.00	You are allowed unlimited ATM balance inquiries for no fee at in-network and out-of-network ATMs.						
Customer service (automated or live agent)	\$0.00	You are allowed unlimited calls to Customer Service Interactive Voice Response (IVR) for no fee each month to check your balance or hear your transaction history.						
Using your card outside the U.S.								
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside the U.S.						
Other								
Card replacement	\$0.00	There is no fee to replace your Card send by regular mail. Standard delivery (7 to 10 calendar days).						
Expedited card delivery	\$13.00	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, in addition to any applicable card replacement fee. Expedited card delivery can be expected within 3 to 5 calendar days.						
Inactivity fee	\$1.50	This is our fee. After 12 months of inactivity, following the activation of your Card, w will assess the fee in the month following the 12 month period of inactivity, and each consecutive month of inactivity, thereafter. Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, ATM balance inquiries, or fund transfers for 12 consecutive months. The inactivity fee will not be charges after the Card account balance reaches zero (\$0.00) or after the Card account begins to have activity.						

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, and 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/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-800-241-9499, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit <a href="https://www.GoProgram.com">www.GoProgram.com</a>.

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.

Electronic Payment Enrollment Form																					
Part I: Required Information																					
Complete all information in this section to enroll in Direct Deposit  or to receive the Utah Debit MasterCard® Card  Please select ONE of the following options:  □ Direct Deposit  OR □ Utah Debit MasterCard® Card																					
Signature											Date (mm/dd/yyyy)										
Your Name: Please make sure this is your name as it appears on your bank account																					
Last Name	Last Name if you are enrolling for D							First Name								Middle Initial					
Your Social Security Number Phone Num							umbe	er													
Your Current Address: Street, Route, PO Bo	ΟX																				
City							State						ZIF	Cod	е						
Would you like to be notified by an automated phone messaging system when a payment is sent to your account?  ☐ Yes OR ☐ No																					
Part II: Financial Institution for Di	rect	Dep	osit																		
Comple If you are request						-			_		-		is se	ction	ո.						
Name of Your Financial Institution																					
Address																					
City							State						ZIF	ZIP Code							
☐ Checking Your Account Type: OR ☐ Savings													•								
You MUST enclose a pre-coded, voided check or a copy of your bank statement that shows your name and account number																					
Your Account Number																					
Routing Number (This is the 9-digit number on the bottom of your check or deposit slip)																					