

Virginia Way2Go Card® Prepaid Debit Mastercard® Authorization Form

To get your paycheck via your personal Prepaid Debit Mastercard®, simply complete all of the information on the form below and return it to your agency payroll department.

PLEASE PRINT CLEARLY

NAME (First, Middle, Last)

Suffix

DATE OF BIRTH (Month/Day/Year)

Male Female

ADDRESS 1 - Street Address

ADDRESS 2 - Apartment/Suite Number, P.O. Box, etc.

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

PHONE NUMBER (Please include area code)

EMPLOYEE NUMBER

Deposit my net pay

AGENCY NAME AND NUMBER

Deposit fixed amount \$ _____
(your net pay must be direct deposit)

I authorize my employer to deposit my pay directly into my Prepaid Debit Mastercard® account. I understand that in the event my employer notifies Mastercard® that i am not entitled to the funds deposited to my account. Mastercard® is authorized to debit my account for the amount of the adjustment. I recognize that the deposit of my net pay shall be made by electronic means and am aware of the potential charges for this card. I understand that in the event Mastercard® is not able to deposit any electronic transfer into my account due to any action I take, my employer cannot issue the funds to me until the funds are returned to my employer by Mastercard®. I certify that I am at least 18 years of age.

EMPLOYEE SIGNATURE

DATE

I acknowledge that the Virginia Way2Go Card® Debit Mastercard® is subject to certain terms, conditions and fees and agree to be bound by the terms of that agreement. I have received, read and understand the Schedule of Fees furnished in this enrollment brochure.

NOTICE

Your Prepaid Debit Mastercard® will be mailed in a plain white envelope for security purposes. Your pay will be deposited on your card within 2-3 pay periods. Please call your Payroll Office for any questions regarding this new option.