

ELECTRONIC PAYMENT AUTHORIZATION

Check applicable box(es):

Direct Deposit Only

ELECTRONIC PAY CARD (EPC) ONLY

- NEW** Direct Deposit authorization/set-up
- STOP** Direct Deposit and **START** EPC
- CHANGE** to bank account information **ONLY**

- NEW EPC** set-up
- STOP** EPC and **START** Direct Deposit
- UPDATE** EPC contact information
- REPLACE** an Electronic Pay Card

If you fail to provide all the information requested below, your request will not be processed and this form will be returned to you.

Name (*Last, First, M.I.*) _____ Contact's Phone No. _____

Custodial Parent's Date of Birth (*MM/DD/YYYY*) _____ SOC. SEC. NO. _____

Atlas Case No. _____

Current Mailing Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

DIRECT DEPOSIT ONLY

All of your child support payments and, if applicable, spousal maintenance will go through direct deposit. They will be deposited into one account only, which can be a savings or checking account. If you wish funds to be deposited to your checking account, please **attach a personal check marked "VOID" and complete the following information**. If you wish funds to be deposited to your savings account, please provide a letter from your financial institution with your routing and account number.

IMPORTANT! Please attach a copy of a voided check from your account or a letter from your financial institution if a check is not available.

I HEREBY AUTHORIZE the Arizona State Disbursement Unit (*SDU*) or its agent designated to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (*our*) **Checking Savings Account** indicated below, to credit and/or debit the same to such account for the purpose of support payments.

ABA Bank Routing No./Account No. _____ Name of Financial Institution _____

First Name on Account (*Last, First, M.I.*) _____

Second Name on Account (*Last, First, M.I.*) _____

This authority is to remain in full force and effect until DCSS has received written notification from me of its termination in such time and in such manner as to afford DCSS a reasonable opportunity to act on the notice. This authority may also be terminated by DCSS or its agent by mailing notice to the last mailing address I provided to DCSS or its agent. I will keep the Arizona State Disbursement Unit or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments. I have received and understand the fee disclosure associated with having an EPC.

Print Your Name _____ Your Signature _____ Date _____

RETURN SIGNED FORM TO: ARIZONA STATE DISBURSEMENT UNIT (SDU)
Electronic Payment Authorization Unit
P.O. Box 36626
Phoenix, AZ 85067-6626

For questions regarding this form or this process, please contact Customer Service at 602-252-4045.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

Arizona Department of Economic Security Electronic Payment Card Fee Disclosure and Other Important Disclosures*

You do not have to receive your payments on this benefits card. Ask the benefits office about other ways to receive your benefits.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.00** out-of-network	N/A
ATM balance inquiry			\$0
Customer service			\$0 per call
Inactivity			\$0
We charge 6 other types of fees. Here are some of them:			
Replacement card, express delivery			\$13.00
Each international transaction			2%
<p>* This document entitled 'Fee Disclosure and Other Important Disclosures' is included with, and incorporated in, the Arizona Department of Economic Security Electronic Payment Card Account Agreement.</p> <p>** Fees can be lower depending on how and where this card is used.</p> <p>See the materials you received with your card for free ways to access your funds and balance information.</p> <p>No overdraft/credit feature.</p> <p>Your funds are eligible for FDIC insurance.</p> <p>For more information about prepaid cards, visit cfpb.gov/prepaid.</p> <p>Find details and conditions for all fees and services in the cardholder agreement.</p> <p>The Arizona Department of Economic Security Electronic Payment Card is issued by Bank of America. There is no fee to purchase or activate this card.</p>			

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DPP-047820



List of all fees for Arizona Department of Economic Security Electronic Payment Card.

All fees	Amount	Details
Spend money		
Per purchase with PIN	\$0	
Per purchase with signature	\$0	
Get cash in the U.S.		
ATM withdrawal, in-network	\$0	"In Network" refers to Bank of America or Allpoint ATMs. Locations can be found at www.bankofamerica.com/azdesEPC . You will not be charged a fee by Bank of America or Allpoint.
ATM withdrawal, out-of-network	\$1.00	You will be charged this fee after 1 free each week. "Out of Network" refers to all the ATMs outside of Bank of America or Allpoint ATMs. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Bank teller cash withdrawal	\$0	Available at financial institutions that accept Visa cards. Limited to available balance only.
Emergency cash transfer, domestic	\$15.00	All emergency cash transfers must be initiated through the Prepaid Debit Card Customer Service Center.
Information		
Customer service	\$0	
Online account information	\$0	
ATM balance inquiry	\$0	
Using your card outside the U.S.		
Each international transaction	2%	Of total U.S. dollar amount of transaction
International ATM withdrawal	\$3.00	This is our fee. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Online funds transfer	\$0	
Replacement card, domestic	\$2.50	You will be charged this fee after 1 free each year.
Replacement card, express delivery	\$13.00	Additional charge
Replacement card, international	\$13.00	Additional charge
Inactive account	\$0	

* ATM owners may impose an additional "convenience fee" or "surcharge fee" for certain ATM transactions (a sign should be posted at the ATM to indicate additional fees); however, you will not be charged any additional convenience fee or surcharge fee at a Bank of America ATM or Allpoint ATM. A Bank of America ATM or Allpoint ATM means an ATM that prominently displays the Bank of America or Allpoint name and logo.

Your funds are eligible for FDIC insurance. Your funds are insured up to \$250,000 by the FDIC in the event Bank of America, N.A. fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Bank of America by calling 1.855.847.2030, 1.866.656.5913 (TTY), or 1.423.262.1650 (Collect, when calling outside the U.S.), by mail at Bank of America, P.O. Box 8488, Gray, TN 37615-8488, or visit www.bankofamerica.com/azdesEPC.

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.

 To learn about Bank of America's environmental goals and initiatives, go to bankofamerica.com/environment.