



**PAYDAY IS ABOUT TO BECOME EASIER,
SAFER, AND MORE CONVENIENT**



There are now two options to receive your pay electronically. You may use direct deposit or you can enroll below to have your pay automatically deposited to your own Debit MasterCard®!!!

With your Debit MasterCard, the money on your card can be used to:

- *Make purchases everywhere MasterCard® is accepted. ****no fee*****
- *Get cash back with purchase at most major retailers. ****no fee*****
- *Get cash worldwide at ATM machines. ****2 free withdrawals per month at Wachovia ATMs*****
- *Shop online, by phone, and mail order. ****no fee*****

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

Just the facts:

- *Guaranteed enrollment for everyone over the age of 18 (no credit checks).*
- *No more expensive check cashing fees... no lost or stolen checks.*
- *No delays due to the mail or a natural disaster.*
- *You have access to your pay when you are on vacation or away from home.*
- *If you lose cash, it's gone... if you lose your card, your funds are protected simply by making a call to report your card missing.*
- *Confidential... the Commonwealth of Virginia does not know where you use your card or what you purchase with it.*
- *Review your account activity online anytime at www.eppicard.com. ****no fee*****

Enrollment Form

First _____ MI _____ Last _____ Suffix _____
 Address _____
 City _____ State _____ Zip _____
 Gender Male Female Phone number _____ Date of Birth (MM/DD/YYYY) _____
 Social Security Number _____ Employee Number _____
 Agency Name and Number _____
 Deposit my net pay Deposit fixed amount \$ _____ (your net pay must be direct deposit)

I authorize my employer to deposit my pay directly into my 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 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 _____

Your 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.