

WV PAY CARD FORM INSTRUCTIONS

In order to process a WV Pay Card request, the following employee information must be provided:

1. First and Last Name
2. EPICS Number & wvOASIS Employee ID (This can be provided by your State Agency Payroll Department.)
(Phase one employees must supply both numbers!)
3. Social Security Number
4. Home Phone Number
5. Mailing Address (This address must match the address on file in EPICS.)
6. Date of Birth
7. Employee's Signature and Date

Once the information above has been provided, forward request to your State Agency Payroll Department for completion.

To complete a WV Pay Card request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name
2. Provide Phone Number
3. Review the form and make sure it has been completed properly.
4. Sign and Date the form.

Once the information above has been completed, forward the form to the West Virginia State Auditor's Office, ePayments Division.

WV Pay Card Form

West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-121, Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your request. The information below will be used by Citi to verify identification in order to be in compliance with the USA Patriot Act and the OFAC verification.

EMPLOYEE INFORMATION

First Name: MI: Last Name:

EPICS #: wvOASIS Employee ID:

SSN: — —

Home Phone #:

Mailing Address:

City: State: Zip Code:

Date of Birth:
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I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: _____ Date:

To be completed by the State Agency Payroll Department.

State Agency: Phone #:

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature: _____ Date: