



Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard[®] Card, we will update our records and you will receive your Illinois Debit MasterCard in the mail. Activate your card immediately by calling the toll free number (1-866-338-2944) and follow the instruction on the materials enclosed with your card. Make sure we have your correct address.
Your card will not be forwarded.

In order to get a Illinois Debit MasterCard:

- * **Attach a copy of your current Driver's License or State I.D. card**
- * You **MUST** fill in all the blanks in the section you are completing (Section 1 to start card use, section 2 to stop card use.)
- * All information must be clear and readable
- * Once you choose the Illinois Debit MasterCard your payments will continue on the card until a written cancellation Payment Option Form is received and processed at DHS.
- * You **MUST** send the form to:

Department of Human Services
Bureau of Expenditure Accounting Debit Card Project
100 South Grand Ave. East, 1st Floor
Springfield, Illinois 62762

COMPLETE ONLY ONE SECTION BELOW: If you want to **START** using the Illinois Debit MasterCard, complete section 1. If you have a card now and wish to **STOP** using it, complete Section 2.

SECTION 1 (To request a new Illinois Debit MasterCard)

Illinois Debit MasterCard[®] Card Payment Option - All blanks in this section below MUST be completed

(Choose your Provider type) **Child Care Provider** **PA - DRS Personal Assistant**

Social Security Number: _____ Daytime Phone: _____ *Enter "N/A" if you do not have a phone*
(Include area code)

Enter your name below as it appears on your Social Security Card or on your current IDHS payment checks:

Last Name: _____ First Name: _____ Middle Initial: _____

Doing Business As Name: _____ (Use this line for your DBA, if licensed with one)

Mailing Address: *(Indicate Street, Apartment Number, Floor)*

(Street # and Name: with St. Ave, Ct, Apt. #, Floor)

City: _____ State: _____ Zip Code: _____

I authorize the State of Illinois Office of the Comptroller to direct payment for deposit to the Illinois Debit MasterCard card account as directed by the paying State agency. I understand the card will be sent to me by mail and my payments will be held by the bank until I withdraw them using my Illinois Debit MasterCard card. I further authorize the Comptroller to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all Child Care and Personal Assistants payments issued by the Comptroller to the below named payee as identified by its designated payee identification number.

I understand the Illinois Debit MasterCard is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. I further certify that I am at least 18 years of age.

Signature: _____ Date: _____

With this signature, I certify that the information provided above is accurate.

All blanks above MUST be completed in order to request a Illinois Debit MasterCard.

SECTION 2 (To cancel your Illinois Debit MasterCard)

I would like to CANCEL use of my Illinois Debit MasterCard and receive my payments the way I did before requesting the Debit card (either paper check or Direct Deposit).

If you were using Direct Deposit, and that bank account is now closed, your next payment may be delayed and possibly will come in the mail. Child Care providers must contact The Office of the Comptroller Direct Deposit Unit at (217) 557-0930 if the account has changed or closed. Personal Assistants must contact the DRS Local Office if there have been any changes to your bank account since the last time you received Direct Deposit in order to avoid delays.

Reason for Card Cancellation _____

Print Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.

Illinois Home Care Prepaid Card Issued by Comerica

You have several options to receive your payments: direct deposit to your bank account; direct deposit to your own prepaid 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	\$1.35* <small>in-network</small>	N/A
		\$1.35* <small>out-of-network</small>	

ATM balance inquiry (in-network or out-of-network)

\$0 or \$0.50*

Customer service

\$0

Inactivity

\$0

We charge 5 other types of fees. Here are some of them.

Card replacement (regular or expedited delivery)

\$4.00* or \$19.00*

Funds Transfer

\$1.50 per transfer

* 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 Illinois Way2Go Card Prepaid Card

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Get Cash		
ATM withdrawal (in-network)	\$1.35	This is our fee. You are allowed one (1) ATM cash withdrawal for no fee per deposit at in-network ATMs. If not used, one (1) ATM withdrawal will rollover to the next calendar month. In-network refers to Comerica and MoneyPass ATM locations. Locations can be found at locations.comerica.com and moneypass.com/atm-locator.html . A fee is charged for each additional withdrawal. 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)	\$1.35	This our fee. "Out-of-network" refers to all ATMs outside of the Comerica Bank and MoneyPass ATM Network. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged 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	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in-network)*	\$0.50	This is our fee. You are allowed one (1) ATM balance inquiry per deposit for no fee per calendar month at in-network ATMs. A fee will be assessed for each additional inquiry.
ATM balance inquiries (out-of-network)	\$0.50	This is our fee. You will be assessed a fee for each ATM balance inquiry conducted at out-of-network ATMs.
ATM denial	\$0.50	This is our fee. You will be assessed a fee for each ATM denial. A denial occurs when there are not sufficient funds available to cover your cash withdrawal request or purchase.
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 ATM withdrawal	\$3.00	This is our fee. You will be assessed a fee for each ATM withdrawal conducted outside of the U.S. You may also be charged a fee by the ATM operator, even if you do not complete the transaction. International transaction fee also applies.
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.
Other		
Card replacement	\$4.00	This is our fee. You are allowed one (1) Card replacement each calendar year. Each additional request will be assessed the fee. Standard delivery is 7 to 10 calendar days.
Expedited card delivery	\$15.00	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.
Funds transfer	\$1.50	This is our fee. You may transfer funds from your card account to a U.S. bank account owned by you. A fee will be assessed for each funds transfer request. You must initiate the funds transfer by calling the automated customer service at 1-866-338-2944.

* "No Fee" transactions expire at the end of each calendar month if not used.

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

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-866-338-2944, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.

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.