



WESTERN MICHIGAN UNIVERSITY

PAYCARD REQUEST FORM

Western Michigan University – Payroll Office
1903 West Michigan Avenue
Kalamazoo, MI 49008 Mail Stop 5250
Seibert Administration Building, Room 4000
Phone: (269) 387-2935 Fax: (269) 387-2937

Please return to the Payroll Office with photo identification (Bronco ID preferred.)

First Name: _____ Last Name: _____ WIN Number: _____

Phone: _____ Email Address: _____

- Semi-monthly (*Salaried staff or faculty*)
- Bi-weekly (*GA, hourly staff, or student*)

Please Read the Following Carefully:

I authorize my wages or salary to be deposited to my Paycard account. I understand that the PNC Payroll Debit Card provides a dependable, safe, convenient way to access and receive pay on and after each payday. The Paycard offers immediate worldwide access wherever the card is accepted for ATM cash and bank-branch withdrawals, store purchases (including “cash back”), money transfers to a personal or joint checking account and free balance inquiries by phone or online. Many card transactions are free and there is no fee to access 100% of the wages, to the penny. I also understand that there are some card transactions that include fees. The terms and conditions, fee schedule, and other disclosures related to the service and a check option are included in the Service’s Welcome Packet.

The USA Patriot Act is a federal law that requires financial institutions to take certain actions to verify account holder information for all accounts on file. In order to comply with this requirement, PNC may ask for all or some of the following information: your full name, address, date of birth, Tax Identification Number (SSN or Alien ID) and other information that will allow it to process ID and Office of Foreign Assets Control (OFAC) Verification, if it does not already have this information on file. Additional documents may also be requested for identity verification.

Monthly Maintenance	\$2.00	Retail Load at Participating Locations/Varies by Retailer	N/A
No transaction activity after 12 months	\$3.00		
PNC Checks are not available	N/A	Purchases – signature-debit point-of-sale (domestic)	\$0.00
Purchases – PIN-debit point-of-sale (domestic & international)	\$0.00	Cash Back with a PIN-debit purchase (domestic/international)	\$0.00
First ATM Withdrawal / In-network / Domestic – first after each load (payroll)	\$0.00	ATM Withdrawals/ In-network/ Domestic – after first withdrawal	\$2.00
ATM Withdrawals / Out-of-network / Domestic – first after each load	\$0.00	ATM withdrawals / In or out of network / after first withdrawal	\$2.00
Bank Teller Over the Counter Withdrawal – after first load	\$0.00	Foreign Transactions / Conversion Fee	3.00%
Bank Teller Over the Counter Withdrawal – after first withdrawal	\$5.00	International Money Transfer	Varies
Balance Inquiry (Web or Phone)	\$0.00	Balance Updates via Automation	\$0.00
Customer Service Using Automated Phone System	\$0.00	Operator Assistance via Automated Phone System	\$0.00
Operator Assistance Services with a live agent	\$2.50	Lost or Stolen Card Replacement	\$0.00
		Expedited shipping	\$15.00
Card Replacement fee not due to lost or stolen card	\$10.00	Secondary Card – Move Funds to a Secondary Card	\$10.00

**If no election is made a Payroll Debit Card will be issued to you automatically. Please return this form to Payroll located in the Seibert Administration Building room 4000.*

I authorize direct deposit of my net pay and additional stated amount accounts and any reimbursements by my employer into the paycard account above. I understand a deposit will be made each payday unless I terminate this agreement in writing. If my employer deposits funds into my account in error, I authorize my employer to direct PNC to debit my account for an amount not to exceed the original amount of the credit. This authority will remain in effect until I have filed a new payroll election, or until revoked by me in writing or upon termination of my employment. I authorize PNC to deduct any applicable fees from the available balance of my paycard account, per PNC’s Cardholder Terms & Conditions.

Signature: _____ Date: _____ Last 4 Digits of SSN: _____

OFFICE USE ONLY Checked ID: Bronco Passport State/Driver’s License Checked By: _____ Checked Date: _____

Pay Period: _____ Employee ID: _____ Enter Date: _____ Entered By: _____