List of all fees for South Dakota Way2Go Card Prepaid Debit Card

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or PIN number.
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for ATM withdrawals conducted at Comerica, MoneyPass, or Transfund ATM locations. In-network locations can be found at moneypass.com/atm-locator.html, locations. comerica.com/location/atm-s0680432, and transfund.com/atm_locator/. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.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)	\$1.25	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass, Comerica and Transfund Bank ATM Networks. 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 When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.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	There is no fee for teller-assisted cash withdrawals conducted at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry	\$0.00	There is no fee for ATM balance inquiries. You may be assessed a fee by the ATM operator for out-of-network balance inquiries.
Customer service (automated or live agent)	\$0.00	You are allowed unlimited calls to the 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	\$1.25	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		
Bill pay	\$0.00	Bill payment services are available via the GoProgram.com website.
Card replacement	\$0.00	There is no fee to replace your Card sent by regular mail. Standard delivery (7 to 10 calendar days).
Expedited card delivery	\$10.00	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 via Interactive Voice Response (IVR-phone) or web portal	\$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.
Inactivity Fee	\$2.00	This is our fee. After 12 consecutive months of inactivity, following the activation of your Card, we will assess the fee in the month following the 12 month period of inactivity, and each consecutive month of inactivity, thereafter. Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, ATM balance inquiries, or fund transfers for 12 consecutive months. The inactivity fee will not be charged after the Card account balance reaches zero (\$0.00) or after the Card account begins to have activity.

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 1-844-893-3124, 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.

South Dakota Way2Go Card Prepaid Card issued by Comerica

You do not have to accept this prepaid card.
Your State Agency also offers direct deposit to your bank account.
Choose the option that is best for you.

	Choose th	e option that is best for y	ou.		
Monthly fee	Per purchase	ATM withdrawal	Cash reload		
\$0	\$0	\$0 in-network	N/A		
		\$1.25* out-of-netwo	rk		
ATM balance inquiry			\$0		
Customer service (automated or live agent)			\$0		
Inactivity (after 12 mg	\$2.00 per month				
The Way2Go Ca	rd charges 3 other ty	pes of fees. They are:			
Card replacement (regular or expedited delivery)			\$0 or \$10.00*		
Int'l transaction (excl. ATM withdrawal & balance inquiry fees)			3% of the transaction amount		
Int'l ATM withdrawal			\$1.25 per withdrawal		

^{*} 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 card terms and conditions.

DSS-NEMT-952.1 07/23

(NEMT Staff use only) Provider ID #:	
Ref Claim #:	

Date: _____

SOUTH DAKOTA MEDICAID NON-EMERGENCY MEDICAL TRAVEL (NEMT) PAYMENT AUTHORIZATION FORM

(Entities will need to enroll online at https://dss.sd.gov/nemt)

Individual Provider's – Enroll online at https://dss.sd.gov/nemt or submit a paper form by Mail, Fax, or Email:

DSS – EBT/NEMT | 700 Governors Drive | Pierre, SD 57501 Phone: 1-866-403-1433 Fax: 1-605-773-8461 Email: dss.ebtstateoffice@state.sd.us

Enroll a New Individual Provider Update a current Individual Provider Update a current Individual Provider Change to the Electronic Payment Option (Direct Deposit or NEMT? Payment Card) Do you have any pending daims that have been submitted to NEMT? Ves. (If Yes., Recipient ID #	Select One:									
Name Change Address Change Telephone Change Email Address Change Change to the Electronic Payment Option (Direct Deposit or NEMT Payment Card)										
Name Change Address Change Telephone Change Email Address Change Change to the Electronic Payment Option (Direct Deposit or NEMT Payment Card)										
Change to the Electronic Payment Option (Direct Deposit or NEMT Payment Card)										
User and Medicaid Details I am registering ass:										
User and Medicaid Details I am registering ass:	Do you have any pending claims that	t have bee	n subn	nitted to NFMT	? ∏ Y€	es (If Yes Recipient I	 ID #	·····		
I am registering as:	_ ` _ ` `									
Social Security Number: Personal Information										
Personal Information First Name:	I am registering as:	ent				☐ Parent/Guardian ☐ Other (Friend, Neighbor, etc.)				
First Name: M.I. Last Name: Suffix:	Social Security Number:				Date of Birth:					
Residence Address Residence Address Mailing Address Address Line 1: Address Line 2: Zip:	Personal Information									
Residence Address Line 1: Address Line 2: Zip: State: Zip: State: City: State: City: State: State	First Name:			M.I.	Last Name:			Suffix:		
Address Line 1: Address Line 2: Zip: State: Zip: State: City: State: City: Blectronic Payment Option (Select only one) Direct Deposit	Phone Number:		Ext:		Email	Address:				
Address Line 2: Zip: State: Zip: State: City: State: Zip: State: City: Electronic Payment Option (Select only one) Direct Deposit NEMT Payment Card (Debit Card) Sy selecting the box above: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. Please Print the information below clearly, or you can attach a Voided check or copy of voided check or a letter from the Financial Institue. Bank Name: Routing Number: Account Number: Type of Account Checking Savings NOTE: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you; when you open an account, we will ask for your name, address cof birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Residence A	Address			Mailing Address					
Zip: State: City: Electronic Payment Option (Select only one) Direct Deposit By selecting the box above: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. Please Print the Information below clearly, or you can attach a Voided check or copy of voided check or a letter from the Financial Institue. Bank Name: Routing Number: Account Number: Type of Account Checking Savings NOTE: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Address Line 1:				Address Line 1:					
City: Electronic Payment Option (Select only one) Direct Deposit	Address Line 2:				Address Line 2:					
Direct Deposit	Zip: State	e:			Zip: State:					
Direct Deposit Direct Deposit NEMT Payment Card (Debit Card)	City:				City:					
By selecting the box above: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. Please Print the information below clearly, or you can attach a Voided check or copy of voided check or a letter from the Financial Institute. Bank Name: Routing Number: Account Number: Type of Account: Checking Savings NOTE: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Electronic Payment Option	(Select	only	one)						
sign and return as instructed above. Your card will arrive in the mail within 7- reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. Please Print the information below clearly, or you can attach a Voided check or copy of voided check or a letter from the Financial Institue. Bank Name: Routing Number: Account Number: Type of Account: Checking Savings NOTE: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	☐ Direct D	Deposit				☐ NEMT P	ayment Card (Debi	t Card)		
Bank Name: Routing Number: Account Number: Type of Account: Checking Savings NOTE: To help the government fight the funding of terrorism and money laundering activites. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	By selecting the box above: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial			Simply fill out the User & Personal Information sections at the top of the page, sign and return as instructed above. Your card will arrive in the mail within 7-						
Routing Number: Account Number: Account Number: Type of Account: Checking Savings Checking Savings Checking Savings NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form										
Routing Number: Account Number: Type of Account Count Checking Savings Verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Bank Name:			laundering activites. Federal law requires all financial institutions to obain, verify and record information that identifies each person who opens an account. What this means fo you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.						
Account Number: Type of Account: Checking Savings Note: Savings Savings Note: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Routing Number:									
Type of Account: Checking Savings Viry Name Viry	Account Number:									
NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form	Type of Account; ☐ Checking ☐ Savings									
	Pay to the order of Date Bank Navle Bank Add s 1: 1-71559165 1: 22516591613 n Routing Number Account Number Check Number									

Signature: