

Prepaid Card Participant Setup Form
Bank of America / State of NC

INSTRUCTIONS

1. This Setup Form is to be completed by new participants in the EFT Master Services Agreement (MSA) (Contract No. ITS-007062) offered by the Office of the State Controller (OSC) and Bank of America. It provides information necessary for OSC staff, Department of State Treasurer (DST) staff, and Bank of America Treasury Services staff to establish the appropriate setups on various systems {ACH file transmission, Settlement bank account, Bank of America CashPro, billing information, statement rendering, etc.}.
2. In addition to the execution of this Prepaid Participant Setup Form, the participant must complete, or have completed, an "Agency Participation Agreement (APA).
3. From the OSC web site, choose the appropriate form to start the process of completing online through DocuSign. Document flows have already been established and you will receive a copy of the fully executed document at the end of the process. You will also be able to review the status of your request (document) through DocuSign.
4. If you have any questions, contact osc.secp.info@osc.nc.gov.

Participant Information

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Name of Account: _____
Note: This will be the second line of the account title.

Agency Federal Tax ID: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email ID: _____

Primary Program Contact: _____

Title: _____

Phone: _____

E-mail ID: _____

Alternate Contact Name: _____

Title: _____

Phone: _____

E-mail ID: _____

Type of Program

Select one of the following:

- ☐ Consumer Refund or Payment ☐ Higher Education Prepaid (Title IV Funds only)
☐ Cash Pay (Payroll Card)

Description of program: _____

Estimated number of Cards: Year 1 _____ Year 3 _____

Estimated annual dollar volume: Year 1 _____ Year 3 _____

Average Load Amount: _____

Card Value: Minimum _____ Maximum _____

Should the program have preset limits on funds loaded to cards Yes ☐ No ☐

Funding and Bank Settlement Account Information

Loading funds onto a card is done through the Prepaid Administration Tool (PAT), a web based application or via ACH. Funds loaded via PAT can be loaded onto a card individually or in bulk through a CSV upload.

Funding Preference:

Web based Prepaid Tool (PAT) ☐

ACH ☐

Select and complete the item(s) that apply:

- ☐ Will use existing account(s):
Settlement Bank Acct #: _____

CB\$ Template Number: _____

(Completed by agency if using an existing template. Completed by DST if a new template is needed.)

An existing template can only be used if the debiting and crediting accounts are both the same.

- ☐ Request the establishment of a new **settlement** bank account for Settlement

New Account Number: _____ (completed by Bank of America)

Each Depository account which must be funded timely by the participant. Any returns will be credited to the account, which must then be cleared by the participant resending the payment or netting the credit with the next file.

Participants should fund the account via wire transfer using DST's Core Banking System (CB\$). A template form, which specifies the disbursing/STIF account to be debited, may need to be completed. Please request this form from DST if necessary.

CB\$ Template Number: _____ (completed by DST)

Payment of Fees Arrangements**Select one of the following:**

☐ Arrangements have previously been made with DST for the bank services fees to be paid by DST. (This is generally for payroll payments and NCAS related payments.)

DST Signature: _____ Date: _____

☐ Participant will pay for the bank services billed by Bank of America on a monthly basis. (Complete the section below regarding the billing information.)

The fee schedule may be viewed at the following site: http://www.osc.nc.gov/SECP/EFT_Cost_Proforma.pdf

Billing Information**Complete if bank service fees are to be paid by Participant (Select one of the following):**

☐ Central Billing – Send invoices to the billing address associated with the Participant's main DDA
Or

☐ Decentralized Billing – Send invoices to the billing address below

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email ID: _____

Statement Rendering Information**Select one of the following:**

☐ Central Reconciliation – Send monthly bank statements to the address associated with the Participant's main DDA (local units of govt. or community colleges). This option is not available to State agencies or universities.

☐ Decentralized Reconciliation – Send monthly bank statements to the address below:

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

Note: Each participant is responsible for reconciling the settlement bank accounts timely.
Bank of America CASHPRO is a useful tool to perform this reconciliation daily. Paper statements are monthly.

Bank of America CASHPRO Information:

Information on Bank of America CASHPRO can be found at [Bank of America CashPro](#).

Note: Click the Link above or type the address below into your browser.

http://corp.bankofamerica.com/business/ci/landing/explore-cashpro?cm_mmc=General_-vanity_-ZZ01VN003B_exploreecashpro_-NA

To add users, please fill out the appropriate Bank of America User ID Change form found at http://www.osc.nc.gov/SECP/SECP_EFT_Enrollment.html.

ACH Fraud Filter

ACH Fraud Filter is required for all state owned accounts. Please list below any Company ID (s) authorized to debit the account. A full debit block will be placed on the account(s) if no company ID is provided.

Company Name

Company ID

Account Setup/Registration

(Please note: Department of State Treasurer Use Only)

Account Title: North Carolina Department of State Treasurer

See page 1

Tax ID: 56-1545517

Required Signature – Participant's Chief Fiscal Officer

The signature of the participant's chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: _____

Chief Fiscal Officer's Name: _____

Title: _____

Signature: _____

Date: _____