



# State of South Carolina – Bank of America CashPay Payroll Card Enrollment Form

To sign up for the Bank of America CashPay Payroll Card program, provide the information requested below, sign and return to your agency HR department.

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Personnel Number (PERNR) \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

\_\_\_\_\_

City/State/Zip\* \_\_\_\_\_

State Agency Name \_\_\_\_\_

Agency HR Contact Name and  
Phone Number \_\_\_\_\_

***\*BANK OF AMERICA CASHPAY PAYROLL CARD NOTICE: Please be advised that Bank of America will mail the CashPay Payroll Card to the address listed above. Please ensure this information is correct before submitting this request.***

---

By signing below, I agree to enroll in the Bank of America CashPay Payroll Card program and understand that I will receive my pay on the Bank of America CashPay Payroll Card. I authorize my agency HR department to update my banking information on the SCEIS payroll system to implement the Bank of America CashPay Payroll Card. I have received, read, and understand the fee schedule and disclosures for the Bank of America CashPay Payroll Card. I understand that I may switch to ACH Direct Deposit via personal bank account by notifying my agency HR department.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**THIS FORM MUST BE KEPT ON FILE WITH THE AGENCY HR DEPARTMENT. DO NOT RETURN THIS FORM TO BANK OF AMERICA OR TO THE STATE TREASURER'S OFFICE.**