

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
Program Name: Kansas Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.50 out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$1.50 per month
We charge 3 other types of fees. One of them is:			
Card Replacement (standard or expedited delivery)			\$0 or \$10.00
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 inside the card package or call 1-855-282-6161 or visit usbankreliacard.com .			

U.S. Bank ReliaCard® Fee Schedule

Program Name: Kansas Child Support

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Withdrawal (out-of-network)	\$1.50	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.50	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$1.50	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-282-6161**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.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.

CR-21220122

DEBIT CARD ENROLLMENT FORM

***Once you have completed this form please submit to the Fax Number or Address listed at the bottom of this form. ***

****PLEASE BE ADVISED THAT ONCE WE RECEIVE AND PROCESS THIS FORM, IT MAY TAKE UP TO 10 DAYS BEFORE YOU RECEIVE YOUR DEBIT CARD. ****

NAME (First & Last)

DATE OF BIRTH (Month/Day/Year)

SOCIAL SECURITY NUMBER or ITIN (Individual Taxpayer identification Number)

ADDRESS (Street Address)

CITY

STATE

ZIP

PHONE NUMBER (Please include area code)

Home/Cell _____ Alternate Phone Number _____

EMAIL ADDRESS

By signing this form, I acknowledge receipt of the pre-acquisition disclosures and I authorize KPC to make deposits into my Debit Card Account. KPC may make deposits to this account until I cancel the authorization and KPC has time to process the cancellation. This request cancels any prior Debit Card and/or Direct Deposit authorizations with KPC.

SIGNATURE

DATE

CONTACT INFORMATION

Mail: Kansas Payment Center
PO Box 750080
Topeka, KS 66675-0080

Fax: (785) 232-7533
Phone: (877) 572-5722

E-Mail: Dcf.contactKPC@ks.gov