



# Reference Manual *and* Forms

## Includes:

Quick Contact Info  
Fee Structure  
Sign-Up Procedures  
Acceptable Forms of ID  
Direct Deposit Forms  
Example of Fax Information



# Important Contact Information

## Agent Support/Main Office

(516) 653-2440

## Fax Information

SSI/SSA Benefits: (516) 977-8086  
Verify ID: (917) 591-7318  
Verify Email: id@nexiscard.com

## Office Hours (EST)

Monday - Friday: 7:00A - 12:00A  
Saturday - Sunday: 9:00A - 7:00P

## Find Us Online

 /nexiscard

 @nexiscard

 @nexiscard

 /nexiscard

agents@nexiscard.com

www.nexiscard.com

Your Relationship Manager: \_\_\_\_\_

Your Training Representative: \_\_\_\_\_

\_\_\_\_\_

## Teller Quicksheet

### Valid Forms of ID *\*Applicants must be 18 or older*



Drivers License



Social Security Card



Valid US Passport

or

Matricular Consular  
Passport Card  
Any Work Visa  
Green Card  
State Benefit Card  
Birth Certificate  
School Picture ID

### Gateway Information

*\*You must use your own log-in for all transactions*

Visit [www.gateway.nexiscard.com](http://www.gateway.nexiscard.com) for all transactions

*Note: A secure certificate must be installed prior to use for each computer*

Call (516) 653 -2440 for assistance anytime.

### Items Needed for New Applicants (Direct Deposit)

Completed NexisCard Application

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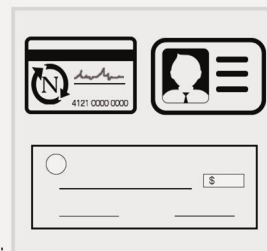
Copy of Valid ID

Copy of Back of new NexisCard

Copy of Check (if for SS/SSI Benefits)


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ex.



*Fax Copies to:  
(516) 977-8086*

Contact NexisCard

 (516) 634-2440



agents@nexiscard.com



/NexisCard

*For **lost/stolen** cards, please call (516) 653-2440.*

## Understanding the Fees

Card Purchase Fee	\$ 4.95
Direct Deposit Fee*	Determined by Agent
Unload Fee	\$ 1
Reload Fee**	\$ 2
Signature (Credit) Transaction	\$ 1
PIN (Debit) Transaction	\$ 1.50
Bill Pay	\$ 2
Card to Card Transfer	\$ 3
ATM Withdrawal Fee	\$ 2.50
Inactivity Fee	\$ 4.95 (After 60 Days)
Mobile Alerts***	Free
<b>Early Access</b>	\$ 1.50 per check

\*Up to 2.5% of the check loaded. See Terms and Conditions.

\*\*Subject to exemptions dependent on terms of use.

\*\*\*Standard Messaging and Data rates may apply.

## Card Limits

Maximum Card Limit	\$ 10,000
Maximum ATM Withdrawal	\$ 800 / 24 hours
Maximum Unload	\$ 2,500 / 24 hours
Maximum Cash Reload	\$ 5,000 / 24 hours

## What to Say to Customers

“ *How much do you want to load on your NexisCard today?* ”

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### Talking Points

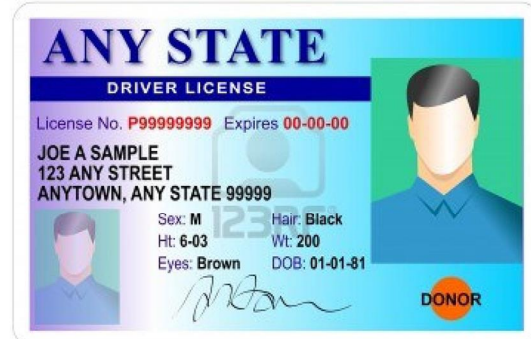
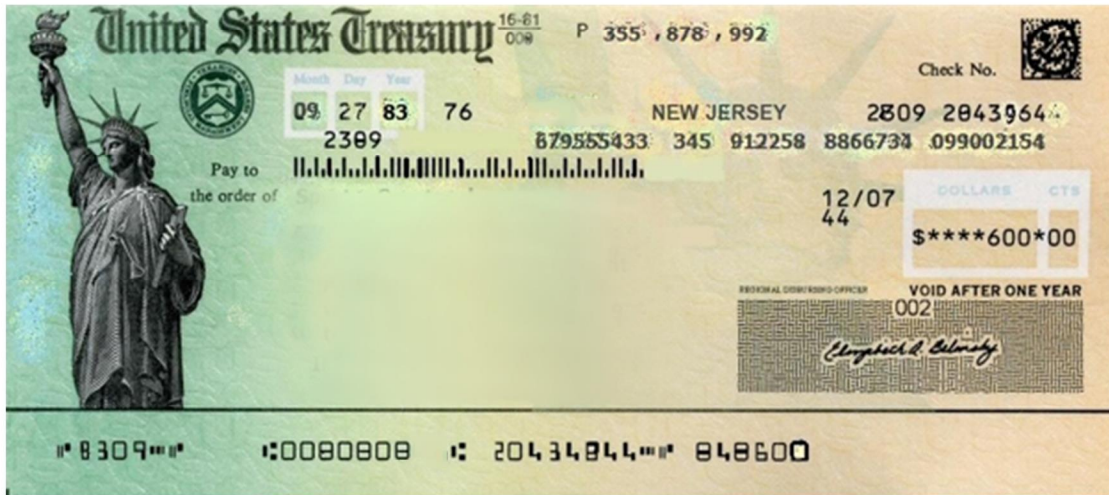
- Safer than cash
- Reload and Unload
- Instant Card Replacement
- In-Store and Online Bill Pay
- Free Email and Text Alerts\*
- Free Online Account Management
- Direct Deposit for all types of checks
- Use anywhere Visa Debit is accepted
- No Monthly Fee\*\*
- No Overdraft or Credit Check

\*Standard Messaging Rates may apply

\*\*Subject to Inactivity Fee after 60 days of non-usage



# Example Fax Sheet for SS/SSI Direct Deposit



Fax to (516) 977-8086  
with NexisCard application



Store Name: \_\_\_\_\_  
 Cardholder RPID: \_\_\_\_\_  
 Teller Username: \_\_\_\_\_

## Direct Deposit Authorization

For Social Security and/or Supplemental Security Income Payments

By signing below, I authorize the issuer of the NexisCard™ Prepaid Debit Card to transact on my behalf for those or whom I have legal guardianship to have my Social Security, Supplemental Security Income, or other Federal Benefit payment(s) loaded via direct deposit on my NexisCard™ Prepaid Debit Card. I understand that I will continue to be charged an Agent Service Fee on my NexisCard™ which will be paid to my Agent. I also understand that the Agent Service Fee is subject to change upon the request of my Agent without any prior notice.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

### Benefit Type for Cardholder *(req'd)*

Social Security Date Received \_\_\_\_\_  
 Supplemental Security Income Date Received \_\_\_\_\_

or

- SS Disability
- SS Survivors Benefit
- Civil Service Retirement
- Civil Service Survivor
- Veterans Comp./Pension
- Veterans GI Bill

### Beneficiary Information *(If "For the Benefit Of", the following MUST be completed)*

1. Full Name: \_\_\_\_\_ Benefit Type: \_\_\_\_\_  
 Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Date Received: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Benefit Type: \_\_\_\_\_  
 Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Date Received: \_\_\_\_\_

### Early Access *(optional)*

By signing below, I elect to enroll into Early Access. I understand the Early Access allows me to have my funds loaded up to four days before the direct deposit effective date and that I will be charged an Early Access fee in addition to the Agent Service Fee as indicated on the Cardholder Agreement on my NexisCard™ Prepaid Debit Card. I also understand that there is no requirement to participate in Early Access to receive Direct Deposit(s) in this program.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*See the Terms and Conditions for important information regarding your NexisCard fees.*

**PLEASE FAX THIS FORM TO (516) 977-8086**



Store Name: \_\_\_\_\_

## Direct Deposit Authorization

(Non-US Treasury Payments)  
(Payroll, Income Tax, Unemployment, etc.)

By signing below, I authorize NexisCard™ to transact on my behalf in order to have my payments direct deposited on my NexisCard™, I understand that I will be charged an Agent Service Fee equal to my regular check cashing fee on my NexisCard™ which will be paid to my Agent. I also understand that the Agent Service Fee is subject to change upon the request of my Agent without any prior notice.

Customer Name \_\_\_\_\_

NexisCard Card Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*See the Terms and Conditions for important information regarding your NexisCard fees.*

\*Please note, to complete enrollment, a personalized Direct Deposit Form from the Gateway must be printed and given to customer.

### Keep this on file for 5 years

\*For Internal Use Only\*



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## Request for Personalized Card

If customer has not received their Personalized NexisCard within 1 month from the purchase date, please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

Please fax this form to  
(917) 591-7318