

# WV Pay Card Form

Revised 11/04/2025

West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., State Capitol, Bldg. 1, Room W-100, Charleston,  
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**The issuer will use the information below to verify your identity.**

## EMPLOYEE INFORMATION

First Name:  MI:  Last Name:

WV OASIS Employee ID:

SSN:    —   —

Home  
Phone #:

Physical  
Address:

City:  State:  Zip Code:

Mailing  
Address:

City:  State:  Zip Code:

Date of Birth:          
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I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to my WV Paycard as indicated, and to initiate debit entries as adjustments for credit entries made in error. The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: \_\_\_\_\_ Date:

## To be completed by the State Agency Payroll Department.

State Agency:  Phone #:  Ext #:

I hereby certify that I am a payroll representative of the herein named agency and being so authorized I do certify the information listed and attached has been received from the named employee.

Payroll Representative's Signature: \_\_\_\_\_ Date: