List of all fees for South Dakota Way2Go Card® Prepaid Card

All Fees	Amount	Details
Get Started		
Card purchase	$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	$0.00	There is no monthly fee associated with this Card.
Spend Money		
Point-of-sale (POS)	$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	$0.00	There is no fee for paying bills online via GoProgram.com.
Get Cash		
ATM withdrawal (in-network)	$0.00	There is no fee for ATM withdrawals conducted at Comerica, MoneyPass or Transfund ATM locations. In-network locations can be found at https://locations.comerica.com, moneypass.com/atm-locator.html, and https://www.transfund.com/locations. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is $500.00.
ATM withdrawals (out-of-network)	$1.25	This is our fee. "Out-of-network" refers to all ATMs outside of the MoneyPass, Comerica and Transfund Bank ATM Networks. You will be assessed a fee for each ATM withdrawal conducted at an out-of-network ATM. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is $500.00.
Teller-assisted cash withdrawals (OTC)	$0.00	There is no fee for teller-assisted cash withdrawals conducted at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in-network and out-of-network)	$0.00	There is no fee for ATM balance inquiries. You may be assessed a fee by the ATM operator for out-of-network balance inquiries.
Customer service (automated or live agent)	$0.00	You are allowed unlimited calls to the Customer Service line and the Interactive Voice Response (IVR) at no fee.
Using your card outside the U.S.		
International ATM withdrawals	$1.25	This is our fee. You will be assessed a fee for each ATM withdrawal conducted outside the U.S. In addition to this fee, you will be assessed an International Transaction fee of the 3% of the total amount of the withdrawal when conducted in an ATM outside the U.S. You may also be charged a fee by the ATM operator, even if you do not complete the transaction.
International transaction fee	3%	Conversion rate is a Mastercard fee for each transaction amount conducted outside of the U.S.
Other		
Card replacement	$0.00	There is no fee to replace your Card sent by regular mail. Standard delivery (7 to 10 calendar days).
Expedited Card delivery	$10.00	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee. Expedited card delivery can be expected within 3 to 5 calendar days.
Funds transfer via Interactive Voice Response (IVR-phone) or web portal	$0.00	There is no fee for you to transfer funds from your card account to a U.S. bank account owned by you.
Inactivity fee	$2.00	This is our fee. After 12 consecutive months of inactivity, following the activation of your Card, we will assess the fee in the month following the 12th month period of inactivity, and each consecutive month of inactivity, thereafter. Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, ATM balance inquiries, or fund transfers for 12 consecutive months. The inactivity fee will not be charged after the Card account balance reaches zero ($0.00) or after the Card account begins to have activity.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to $250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-844-893-3124, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.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.

South Dakota Way2Go Card® issued by Comerica

You do not have to accept this prepaid card.
Your State Agency also offers direct deposit to your bank account.
Choose the option that is best for you.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
$0.00	**$0.00**	**$0.00** (in-network) **$1.25*** (out-of-network)	**N/A**

ATM balance inquiry (in-network or out-of-network)	$0.00
Customer service (automated or live agent)	$0.00
** Inactivity (after 12 months with no transactions)	$2.00 per month

We charge 3 other types of fees. Here are some of them:

Card replacement fee (regular or **expedited delivery**	$0.00 or **$10.00**
International ATM withdrawal	$1.25 per withdrawal

* This fee can be lower depending on how and where this card is used. (See https://locations.comerica.com, moneypass.com/atm-locator.html, and https://www.transfund.com/locations for free ways to access your funds and balance information.)

** Inactivity is defined as no deposits, purchases, calls to the automated or live customer service, cash withdrawals, ATM balance inquiries, or fund transfers for 12 consecutive months.

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 in www.GoProgram.com.

05776SN-SF-025

DSS NEMT-952 (01/2026)

(For NEMT Staff use only)
NEMT Payment Provider ID #: _____

SOUTH DAKOTA MEDICAID
NON-EMERGENCY MEDICAL TRAVEL (NEMT) PAYMENT AUTHORIZATION FORM

Entities must enroll online at https://dss.sd.gov/nemt

Individual Providers – Enroll online at https://dss.sd.gov/nemt or complete and submit this form via Mail, Fax, or Email:

Department of Social Services
EBT and NEMT
700 Governors Drive
Pierre, SD 57501

Local Phone Number: (605) 773-6527
Toll Free Number: 866-403-1433
Fax Number: (605) 773-8461
Email: dss.ebtstateoffice@state.sd.us

Select One:

☐ Enroll a New Individual Provider

☐ Update a current Individual Provider ***(If you are already enrolled to the NEMT Online Portal, please log in to make changes)***

☐ Name Change ☐ Address Change ☐ Phone Number Change ☐ Email Address Change

☐ Change to the Electronic Payment Option (Direct Deposit or NEMT Payment Card)

Do you have any pending claims that have been submitted to NEMT? ☐ Yes (If Yes, enter Recipient's Medicaid ID #: _____)
☐ No

User and Medicaid Details All fields must be completed.

I am registering as: ☐Recipient (enter Medicaid ID #) _____ ☐Parent/Guardian ☐Other (Friend, Neighbor, etc.)

9-digit Social Security Number:	Date of Birth:

Personal Information All fields must be completed.

First Name:	M.I.	Last Name:	Suffix:
Phone Number:	Ext:	Email Address:	
Residential Address		Mailing Address	
		☐ Same as Residential Address	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
Zip:	State:	Zip:	State:
City:		City:	

Electronic Payment Option (Select only one)

☐ Direct Deposit

By selecting the box above: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary, reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers.

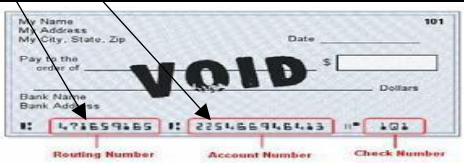
Please print the information below clearly, or you can enclosed a copy of voided check or a letter from the Financial Institution.

Bank Name:

Routing Number:

Account Number:

Type of Account: ☐ Checking ☐ Savings



☐ NEMT – Electronic Payment Card (EPC)

Your card will arrive in the mail within 7-10 calendar days. All NEMT reimbursements will be deposited to the Electronic Payment Card. By selecting the NEMT – Electronic Payment Card (EPC) option, you agree with the terms and conditions.



NOTE: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

NOTE: *You must complete a separate form for each program in which you receive payments. Information on this form will only be used for NEMT.*

I verify that the information provided is true and accurate to the best of my knowledge. I understand all NEMT claims will be reimbursed to established program guidelines and that all NEMT claims must be submitted within 6 months following the month of the date the service was provided. I understand that there are penalties for fraudulently submitting NEMT claims for reimbursement.

Signature: _____ **Date:** _____