



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



EARNED WAGE ACCESS SERVICES PROVIDER RENEWAL APPLICATION AND ANNUAL REPORT

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 39-5-810 *et seq.*
(803) 734-4209 | consumer.sc.gov | (803) 734-4200

Street Address

293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application and annual report, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name (as listed
on formation documents)

DBAs (list all)

Type of Business
(check one and provide
FTIN in box to right)

☐ Corporation

☐ Limited Liability Company

☐ Limited Partnership

☐ Limited Liability Partnership

} Fed Tax ID No. (last 4)

Is applicant in good standing with the Secretary of State's Office?

☐ Yes

☐ No

Physical Address of
Principal Office

City

State

Zip

Mailing Address
(If different from above)

City

State

Zip

Website Address

Application Contact

Telephone No.

E-mail Address

Fax No.

Compliance Contact

Telephone No.

E-mail Address

Fax No.

OPERATIONAL INFORMATION

1. Select the type of services the Earned Wage Access provider (EWA provider) provides.

☐ Employer-integrated earned wage
access services

☐ Consumer-directed earned wage
access services

☐ Both Employer-integrated and
Consumer-directed services

-
2. List the other states where the EWA provider has a license, registration, or similar authority to provide earned wage access services.
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3. List the addresses of all the EWA provider's offices and retail stores in South Carolina, if any, including location/DBA name (name on signage); physical address (and mailing address if different); and contact person.
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4. If the EWA provider offers earned wage access services other than at an office or retail store (e.g., internet, mobile app), provide a brief description of the manner in which the services are offered and/or provided. Include all internet addresses and the names of all mobile apps used to offer and/or provide the services to South Carolina consumers.
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5. List the name, address, and contact person for each third-party vendor the EWA provider contracts with for the offering and/or providing of earned wage access services to South Carolina consumers.
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ANNUAL REPORT

6. Total number of unique South Carolina consumers to whom the EWA provider provided proceeds during the prior calendar year.
-
7. Total number of transactions in which the EWA provider provided proceeds to South Carolina consumers during the prior calendar year.
-
8. Total dollar amount of proceeds the EWA provider provided to South Carolina consumers during the prior calendar year.
-
9. The EWA provider's gross revenue attributable to earned wage access services in South Carolina during the prior calendar year.
-
10. Total number of transactions in which the EWA provider received a fee, voluntary tip, gratuity, or other donation from a South Carolina consumer during the prior calendar year.
-
11. Total dollar amount of fees, voluntary tips, gratuities, and other donations the EWA provider received in transactions with South Carolina consumers during the prior calendar year.
-
12. Total number of transactions with a South Carolina consumer in which the EWA provider received a fee for expedited delivery of proceeds during the prior calendar year.
-
13. Total dollar amount of fees the EWA provider received for expedited delivery in transactions with South Carolina consumers during the prior calendar year.
-

14. Total number of transactions with a South Carolina consumer in which the EWA provider received a voluntary tip, gratuity, or other donation during the prior calendar year.

15. Total dollar amount of voluntary tips, gratuities, and other donations the EWA provider received in transactions with South Carolina consumers during the prior calendar year.

16. Total number of requests for reimbursement of overdraft or nonsufficient funds fees for transactions with South Carolina consumers during the prior calendar year.

17. Total number of South Carolina consumers who participated in twelve (12) or more earned wage access transactions with the EWA provider during the prior calendar year.

18. Total number of South Carolina consumers who have outstanding proceeds as of May 1st of the current year.

19. Total dollar amount of outstanding proceeds for South Carolina consumers as of May 1st of the current year.

ATTACHMENTS: Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- ☐ \$1,000 non-refundable application fee
- ☐ A copy of the EWA provider's policy relating to the privacy of information concerning users
- ☐ A copy of the consumer contract(s), terms and conditions, and any other documents containing statutorily required disclosures
- ☐ A copy of policies and procedures regarding how the applicant will respond to questions raised by consumers and address complaints from consumers in an expedient manner
- ☐ A schedule of fees to be charged to a user or employer for provision of earned wage access services, including a statement identifying at least one option available at no cost to the user
- ☐ Evidence of surety bond continuation
- ☐ A copy of each complaint filed against the EWA provider with the Better Business Bureau or a federal or state agency other than the Department of Consumer Affairs, including a description of the resolution, if any, of each complaint

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.