



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



EARNED WAGE ACCESS SERVICES PROVIDER INITIAL APPLICATION

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, 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)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	} Fed Tax ID No. _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
Is applicant in good standing with the Secretary of State's Office?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address of Principal Office _____

City _____ State _____ Zip _____

Mailing Address (If different from above) _____

City _____ State _____ Zip _____

Website Address _____

Designated/Registered Agent* _____

Mailing Address _____

City _____ State _____ Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

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 applicant is registering to provide.

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 applicant has a license, registration, or similar authority to provide earned wage access services.

3. List the addresses of all the applicant'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.

4. If applicant 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.

5. List the name, address, and contact person for each third-party vendor the applicant contracts with for the offering and/or providing of earned wage access services to South Carolina consumers.

6. What date did the applicant begin offering earned wage access services to South Carolina consumers?

7. How many South Carolina consumers has the applicant provided earned wage access services to, if any, since May 21, 2024?

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 applicant'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

- A copy of the organization’s agreement, Articles of Incorporation, or Articles of Organization, as applicable
- Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership (i.e., a copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina)
- Original surety bond in the amount of \$30,000 payable to the State of South Carolina on a form provided by the Department

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.