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**Department of Financial Institutions**

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**SUPPLEMENTAL  
EARNED WAGE ACCESS SERVICES  
PROVIDER APPLICATION QUESTIONS**

**Purpose:** A completed Supplemental Earned Wage Access (EWA) Services Provider Application Questions form must be submitted to the Department of Financial Institutions – Division of Banking for consideration of licensure. This form must be completed by EWA services providers that have applied for a Wisconsin EWA services provider license through the Nationwide Mortgage Licensing System & Registry (NMLS).

**Notice:** This form is required under Wis. Stat. s. 203.03. Refusal to provide this information may result in the denial of a license. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. Personally identifiable information on this form may be matched against tax information and law enforcement agencies. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Applicant's Name: Enter the EWA services provider's name, as identified in its NMLS record, in the box below.

2. Applicant's NMLS identification number:

3. Wis. Stat. s. 203.04(1)(b) indicates that EWA licensees must offer "at least one reasonable option to obtain proceeds at no cost to the consumer and clearly explain how to elect that no-cost option." Describe all no-cost options the applicant will offer Wisconsin consumers, all steps required for consumers to exercise each option, and how these options will be explained to consumers. Please attach screenshots of mobile applications and/or web pages that support your explanation.

4. Pursuant to Wis. Stat. s. 203.04(1)(c)1., before entering into an agreement with a consumer for the provision of EWA services, a licensee must inform the consumer of his or her rights under the agreement. Describe how Wisconsin consumers will be informed of their legal rights relating to EWA services.

5. Pursuant to Wis. Stat. s. 203.04(1)(c)2., before entering into an agreement with a consumer for the provision of EWA services, a licensee must “fully and clearly disclose all fees” associated with their services. Identify the fees that will be associated with the applicant’s services and describe how the fees will be disclosed to Wisconsin consumers.

6. Will the applicant solicit tips, gratuities, or other donations from Wisconsin consumers? ☐ Yes ☐ No

If “yes,” explain how and when tips are solicited and attach screenshots of the mobile application and/or web page where the solicitation is made and provide all representations and disclosures made to consumers regarding the nature or purpose of the tip, gratuity, or other donations. If the tips, gratuities, or other donations from consumers are used for charitable purposes, identify all charitable organizations that receive the donations solicited by consumers, and in what amounts.

7. Pursuant to Wis. Stat. s. 203.04(2)(a), EWA licensees are not permitted to share any fees or tips received from consumers with their employers. Describe the structure of any fee arrangements the applicant intends to utilize with employers and how such arrangements avoid impermissible fee-sharing.

8. If the applicant will provide EWA services to Wisconsin customers at a location that is not an office or retail store in Wisconsin, provide a brief description of the manner in which the applicant will provide EWA services to Wisconsin customers.

9. Will the applicant use any third-party service providers (“TPSP”) for its Wisconsin operations? ☐ Yes ☐ No

If “yes,” provide the following information for each TPSP. Attach additional pages if necessary.

Legal name of TPSP:
TPSP’s address where applicant’s operations will occur at:
TPSP’s relationship, if any, to the applicant:
Description of services that the TPSP will provide to the applicant in regard to its Wisconsin operations or the activities/functions the TPSP will perform on behalf of the applicant.

10. ☐ I understand that chapters 421 to 427 of the Wisconsin Statutes (also known as the [Wisconsin Consumer Act](#)) will apply to the EWA services the applicant provides to Wisconsin consumers and I confirm that the applicant will remain compliant with the applicable provisions of the WCA.

#### **AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, am employed by, or am an officer or a control person of,  
(Print Name)

\_\_\_\_\_. I certify that I have reviewed the  
(Name of Applicant)

foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Name of Witness) (Signature of Witness)