

# MAINE DEPARTMENT OF CORRECTIONS

## RESIDENT PERSONAL CHECKING ACCOUNT AND DEBIT CARD AGREEMENT

Resident's Name: \_\_\_\_\_ MDOC # \_\_\_\_\_ Date: \_\_\_\_\_  
Facility \_\_\_\_\_ Housing Unit: \_\_\_\_\_

**I understand that a personal checking account and debit card is a privilege and not a right.**

**To be eligible for approval to use a debit card, the resident must have attained 18 years of age and**

- a. if an adult resident, the resident is housed in a minimum security facility, in a minimum security housing unit, in an earned living unit, or in another housing unit determined appropriate by the Commissioner, or designee; or**
- b. if a juvenile resident, the resident is housed in a juvenile community residential facility, in an earned living unit, or in in another housing unit determined appropriate by the Commissioner, or designee.**

**I understand that approval for a checking account and debit card may be withdrawn at any time for any reason at the complete discretion of the Commissioner, or designee, or the Chief Administrative Officer, or designee.**

**1. I understand that I am subject to and agree to abide by the following:**

- a. The debit card must be attached to a personal checking account that I am approved to have at a bank or credit union.
- b. The debit card must not exceed an amount set by the Commissioner, or designee.
- c. The checking account must be in my name alone, without any co-owners.
- d. All deposits to the checking account must come from money disbursed by me from my general account at the facility to my checking account at the bank or credit union after any collections required by Policy 2.12, Resident Accounts and the Collection Priority List, provided that any disbursement of funds shall not be made from my personal savings escrow account at the facility unless there is more than \$1000 in the escrow account and the disbursement does not result in a balance of less than \$1000 in that account (unless it is a voluntary personal savings escrow account).
- e. I shall not use the checking account or debit card to incur any debt or to obtain cash in any way.
- f. I shall follow all of the applicable rules of the bank or credit union.
- g. All debit card transactions, whether occurring in person or on-line, shall be made only under the direct supervision of designated facility staff.
- h. I shall give permission for all resident financial statements related to the checking account and debit card to be forwarded to the facility Business Office.
- i. I shall only use my personal checking account and debit card for transactions that have the prior approval of the facility Chief Administrative Officer, or designee. I understand that approval for a transaction may be withdrawn at any time for any reason at the complete discretion of the Chief Administrative Officer, or designee.
- j. I shall keep and produce receipts for transactions using my debit card if requested by the Chief Administrative Officer, or designee.
- k. I shall promptly relinquish my debit card to designated facility staff for safe storage when not in use or when otherwise requested by the staff.
- l. I shall immediately report a lost or stolen card and/or any irregularities with my checking account to designated facility staff.

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### 2. Further Understandings:

- m. I understand that these conditions remain in effect until I am released from MDOC custody, at which time I will be given my debit card and will assume full responsibility for my card and personal checking account.
- n. I understand that if I violate any terms of this agreement, I may be subject to restriction, suspension, or termination of my personal checking account and debit card privileges, disciplinary or other administrative action, and/or criminal prosecution.
- o. I understand that if I am transferred to a higher security facility or housing unit, I shall not be able to access my personal checking account or debit card.
- p. I understand that any illegal activity shall result in the termination of my personal checking account and debit card privileges and may result in disciplinary or other administrative action and/or criminal prosecution.
- q. I also understand that my checking account and debit card privileges may be terminated at any time for any reason at the complete discretion of the Commissioner, or designee, or the Chief Administrative Officer, or designee.

**I hereby acknowledge that I have read or had read to me and understand and agree to the Maine Department of Corrections Resident Personal Checking Account and Debit Card Agreement.**

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Signature of Resident

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Date

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Printed Name of Witness

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Signature of Witness

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Date