



**State of Alaska
Department of Administration**

AccessOnline Employee OneCard Account Setup Quick Reference

Use this one-page quick reference to order new OneCards within [USBank AccessOnline](#). If you are one that likes screen prints you may utilize the document [How to Setup Employee OneCard](#). The fields shown on this list are those that are either required or is information that you should be considering when ordering your OneCard. Contact doa.dof.pcard.support@alaska.gov if you have questions.

| PRODUCT SETTINGS | |
|---|---|
| Product (Bank) – Required | Defaults to SOA's Bank 3757 |
| Agent – Required | Refer to USBank Hierarchy Agent Numbers if you are unsure of your Agent Number. |
| Company – Required | Run Access Online Report to find the Managing Account Number the OneCard should point to. (Refer to USBank AccessOnline FAQs.pdf if needed). |
| Assign this account to – Required | Defaults to Individual. Do not change. |
| Send a Physical Card – Required | Defaults to Yes. Do not change. |
| ACCOUNT INFORMATION | |
| First Name – Required | Enter in ALL CAPS. This is the name that will be printed on Card. Should be LEGAL name of the employee to comply with OFAC Requirements . Search IRIS HRM , EINQ screen or use the Employee Legal Name Information spreadsheet located on the DOF One Card Program Website . Combined First, MI, Last name allow total of 23 Characters. If necessary, do not enter Middle Initial or shorten first name. |
| MI – Optional | |
| Last Name – Required | |
| Organization Name – Optional | Defaults based on Agent/Company selected. You shouldn't need to change this. |
| Social Security Number - Required | DO NOT enter employee's Social Security Number. Employee (includes Board Members setup with LDAP Record/Employee ID): Enter three leading zeroes then six-digit employee number (000-12-3456). Non-Employee: Enter 000-88-88xx); where XX = Department Number. Temporary Employee ID/Generic OneCard: Enter 000-99-99xx; where XX = Department Number. |
| Country – Required | Select United States. |
| Address Line 1 – Required | Enter in ALL CAPS. Enter address the OneCard should be mailed to. |
| Address Line 2 – Optional | |
| City, State, Zip Code – Required | Enter in ALL CAPS. |
| Email Address – Required | Enter the work email address of the employee. This is the address notifications will be sent to if the employee has set up the account for statement notifications. |
| LEGAL INFORMATION - THIS IS REQUIRED! | |
| Legal First Name – Required | Enter in ALL CAPS. MUST be LEGAL name of the employee to meet OFAC Requirements . Search IRIS HRM , EINQ screen or use the Employee Legal Name Information spreadsheet (located on the DOF One Card Program Website). Each field allows 50 characters for a combined total of 150 Characters. |
| Legal Middle Name – Required (if applicable) | |
| Legal Last Name – Required | |
| Date of Birth – DO NOT ENTER | DO NOT enter employee's date of birth. |
| Legal Residential Address – Required | Select Not Provided. |
| ACCOUNT INFORMATION | |
| Email Address – Required | Defaults to Standard Delivery. Select Expedited if necessary. |
| AUTHORIZATION LIMITS | |
| Account Credit Limit – Required, defaults | Monthly Credit Limit defaults; update per internal policy. |
| Single Purchase Limit – Required | Update per internal policy/delegation of authority. |
| Cash Withdrawal Limit – Optional | Allows update if you have the proper security and the Managing Account allows Cash withdrawal. |
| Use Values from Managing Account? – Required | Click on unhide options fields - common practice is default all values from Managing Account. |
| Merchant Authorization Control (MAC) – Optional | Select additional MACs for the OneCard, if necessary |