

# Exhibit 4

## ATM Installation Form



**For a new terminal ID, fax this completed form to 877.327.2939**

Processor: <input type="checkbox"/> FIS® <input type="checkbox"/> Switch Commerce <input type="checkbox"/> WorldPay®		
Connection: <input type="checkbox"/> Dial-up <input type="checkbox"/> DSL/Broadband <input type="checkbox"/> Wireless		
Program Participation: <input type="checkbox"/> AllPoint® <input type="checkbox"/> DCC <input type="checkbox"/> Popmoney® <input type="checkbox"/> Dollar\$top® <input type="checkbox"/> Digital Donations <input type="checkbox"/> Pin4® <input type="checkbox"/> NYCE® Cardless Cash		
ATM Location Name:		
Address:		
City:	State:	Zip:
Contact Name:	Phone:	Contact Name Email:

ATM Make:	ATM Model:	<input type="checkbox"/> Standard 3 (recommended) <input type="checkbox"/> Standard 1	EMV Compliant: Y <input type="checkbox"/> N <input type="checkbox"/>
ATM Ownership: <input type="checkbox"/> Market Partner (MP) <input type="checkbox"/> Other* <i>*Must Submit an Exhibit 2 form for Non-MP Owned ATMs</i>			
MP Business Name:			
MP Signature:		Date:	

**PLEASE NOTE: An Exhibit 2, 3, and a Preprinted Voided Check or Bank Letter is REQUIRED for each Account Listed.**

Vault Cash Routing / Account #:					
Daily Surcharge Distribution (Monthly Statements or Tiered Surcharge Must Fill out Exhibit 8) (Must Submit a W-9 for all Monthly Payments)				Variable Surcharge	
Total Surcharge:	<input type="checkbox"/> Fixed: \$	<input type="checkbox"/> Variable: Floor \$	Percentage	%	
Split	Routing # / Account #	Amount	% Amount	Floor Amt	Monthly
1st Surcharge Account					<input type="checkbox"/>
2nd Surcharge Account					<input type="checkbox"/>
3rd Surcharge Account					<input type="checkbox"/>