Exhibit 6 ATM Maintenance Form

Version 08.25.14

					Genera	al Change	Infori	mation								
Terminal ID #:				Lo	Location Name:											
Address:																
City:							Sta	te:			Zip:					
Denomination Change (Switch Commerce TIDs Only):				Old \$:		 			New \$:				1			
(Switch Commerc	e HD3 OI	y j.	For	llse on '	Surchar	ge Amou	nt and	A Accour	nt Char	1000						
			101			and a voided				iges						
Old Surcharge A			•			ge Amount \$:										
Daily Surcharge Distribution									Va	riable						
(Monthly Statements or Tiered Surcharge Must (Must Submit a W-9 for all Monthly Payments)									Surcharge					Monthly		
Split		Old Account #		Routing # / New Account #				Amount		% Amt (Whole %)		Floor Amount			ну	
1st Account				/												
2nd Account					/											
3rd Account					/											
Total Surcharge Amount:									Must	Equal 1	.00%					
Location/Ter	minal F	Relocation C	hange	(New Pł	notos R	equired)			Į.							
New Location Information	Location Name:								Locati Phone	_						
	Street Address:										<u> </u>					
Nev Inf	City:						Stat	ate:		Zip:						
***!f	account	owner has chan	ged, a ne		Submit E	Loader A exhibit 2, 3 ar unless the M	nd voide	ed check		inancia	al liablit	y by sigr	ning off	below*	**	
New Account	Y	N		Are	e you	Υ	N.									
Loader?				requesting a new TID?												
If the Account C		_			-				_		-			ility		
of vault cash de	positing	into the incorr	ect acco	unt. If the	e Market	Partner in o	questio	n is willing	g to acce	pt an	y and a	ll financ	cial			
responsibility th			-	_	-		-		-							
must sign below	, stating	this person/b	usiness e	ntity is fu	illy aware	of the resp	onsibil	ity they ar	re accep	ting, a	nd the	risks in	volved	therei	n.	
Old Account #:		New Routing / Account #:					/									
Change Reques	ted By:															
Signature:											Date:					