

◇ NEW

TERMINAL NO: _____

◇ CHANGE

ACH AUTHORIZATION RELEASE

LOCATION NAME: _____

LOCATION ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ PHONE: _____

SURCHARGE FEE: \$ _____

_____ legal name (hereinafter referred to as "ATM Operator"), authorizes VMS, INC. ("Company"), or authorized processor to initiate ACH transfer entries and to debit and/or credit the account identified herein. Company shall have the right to credit or debit account, on behalf of the ATM Operator, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due Company by ATM Operator. ATM Operator agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the ATM Operator. ATM Operator agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by ATM Operator by providing written notice of cancellation to Company and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be initiated through the Federal Reserve System automated clearing house (ACH) system.

The undersigned represents and warrants to Company that (a) the person executing the Authorization is authorized signatory on the Account referenced above and (b) all information regarding the Account and the Account Holder is true and correct.

Dated: _____

Authorized by: _____ Print Name and Title: _____

Cash Settlement Account Information

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

TYPE: ☐ CHECKING ☐ SURCHARGE ACCT
☐ SAVINGS ☐ VAULT ACCT
☐ GL ☐ BOTH
☐ OTHER

Routing/Transit Number (9 digits) : _ _ _ _ _

Account Number: _____

Business Name as it Appears on the Account: _____

This form MUST be accompanied by a printed voided check or a letter from the Bank (on Bank Letterhead) to which the funds are settling referencing the ATM Operator's name, routing number and account number. This form MUST be filled out for each account involved with funds transfer.

PLEASE EMAIL THIS FORM TO: TheATMLady@live.com

CDS USE ONLY

Date received: _____

Date entered: _____

Entered by: _____

ATM Operator Agreement and/or ATM Source of Funds Provider


Declaration Agreement

Select One: ☐ Applicant is an Individual or a Sole Proprietor (complete Section C)
☐ Applicant is a Company (complete Section D using information from the Articles of Incorporation)

Then check appropriate applicant role(s):

- ☐ ATM Operator or
☐ ATM Source of Funds Provider or
☐ Both ATM Operator and ATM Source of Funds Provider

PATRIOT ACT DISCLOSURE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR BECOMING A CUSTOMER – To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity who becomes a customer. When you become a customer, we will ask for your name, address, date of birth, and other information that will allow us and our sponsor bank, Pathward, National Association ("Bank"), to identify you. We may also ask to see your driver's license or other identifying documents.

Section A Terminal Deployment Location [Requires completion]		
1. Name of Location (Doing Business As)		2. Physical Street Address of Location
3. City, State, Zip of Location		4. Location Phone Number
5. Business Tax ID Number of Merchant		6. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)
7. Merchandise/Services Sold where terminal is deployed		8. Financial Institution Number (FI#, FDIC, NCUA, ASI)
Section B Deployed Terminal Information [Requires completion]		
9. Terminal Identification Number		10. Processor of deployed terminal
Section C Applicant is an Individual or a Sole Proprietor		
11. Applicant First Name		12. Applicant Last Name
13. Applicant (Home) Physical Street Address		14. Applicant (Home) City, State, Zip
15. Applicant Social Security Number	16. Applicant Date of Birth (mm/dd/yyyy)	17. Applicant Home or Mobile Phone Number
Section D Applicant is a Company (Partnership, LLC, Corporation, Financial Institution)		
18. Company Legal Name as stated on Articles of Incorporation		19. Company Address as stated on Articles of Incorporation
20. Company City, State, Zip as stated on Articles of Incorporation		21. Company Federal Employer Identification Number (FEIN)
Section E Application Declaration, Agreement between ATM Operator/ATM Source of Funds Provider and ISO		
<p>22. The undersigned Applicant ("the named ATM Operator/ATM Source of Funds Provider") and the undersigned ISO ("ISO") acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal set forth above (the "ATM Terminal") that complies in all respects with all Bank's policies, procedures, requirements, specifications and guidelines, and to abide by all terms of such agreement</p> <p>23. ATM Operator/ATM Source of Funds Provider acknowledges, agrees and authorizes all of the following and affirms that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct.</p> <ul style="list-style-type: none"> - Applicant acknowledges and understands that Pathward, National Association ("Bank") only sponsors the ATM Terminal and financial transactions on the ATM Terminal. For purposes of clarity, other than balance inquiries, Pathward's sponsorship does not cover non-cash transactions, including "cashless transactions," "quasi-cash transactions," "scrip transactions," or any other point-of-sale transaction. - The Applicant is applying for an account relationship with Bank, as an ATM Operator and/or ATM Source of Funds Provider sponsored by the Bank for the ATM Terminal. - The Applicant acknowledges in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. - The Applicant agrees that the Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a criminal Background Investigation in connection with this Application. - Applicant authorizes Bank or any of its agents to investigate information or data obtained from this application, any credit report, or any background investigation. - If the Applicant is a company, Applicant hereby provided authorization for such Company. - Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. - Applicant may, upon written request, seek a complete and accurate disclosure of the nature and scope of the investigation requested hereunder and Bank or ISO may provide such disclosure in their sole discretion unless otherwise prohibited by law or governmental or regulatory authority. - Applicant acknowledges that Bank may accept or deny this Application in its sole discretion. - Applicant agrees to comply at all times with applicable laws and regulations as well as banking, regulatory, and network rules, regulations or directives, including but not limited to the Plus Systems, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations, may be amended from time to time by such network (collectively, "Applicable Law"). It is the Applicant's responsibility to stay apprised of all Applicable Laws. - Applicant understands the Bank may terminate this relationship in Bank's sole discretion, including but not limited to in the event that the Applicant or ISO fail to comply with any Applicable Law, or violate any term of this Agreement. - Applicant agrees that they will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses, or damages arising out of this Agreement, including but not limited to Applicant's or ISO's failure to comply with any terms of this Agreement or any Applicable Law. - Applicant agrees that the surcharge amount assessed at a sponsored Terminal shall be fair and reasonable and in accordance with all Applicable Law. - Applicant is not a cannabis related business and is not affiliated with a cannabis related business. 		
Signature of ATM Operator/ATM Source of Funds Provider		Signature of ATM ISO
Signature		Signature 
Name		Name ERIC M. TROUTMAN
Title/Date		Title/Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they