



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)

Check appropriate applicant role(s):

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

Provider

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 (F#, 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 of ATM Operator and/or ATM Source of Funds Provider		
<p>22. Application Declaration. The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator and/or ATM Source of Funds Provider sponsored by Bank. The undersigned acknowledges that 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. Therefore, the undersigned agrees that 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. If the ATM Operator/ATM Source of Funds Provider Applicant is a company, Applicant hereby provides the signed 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, obtain a complete and accurate disclosure of the nature and</p>		
Section F Agreement between ATM Operator/ATM Source of Funds Provider, ISO and Bank		
<p>23. In the event this Application is accepted by Bank, the named ATM Operator/ATM Source of Funds Provider, ISO and Bank (collectively, the "Parties") hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator/ATM Source of Funds provider financially participates in. ATM Operator/ATM Source of Funds Provider and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such agreement. (2) The Parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, 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. (4) ATM Source of Funds Provider and ISO agree to comply at all times with all banking, regulatory and network rules. (5) The Bank may terminate this Agreement in Bank's sole discretion or in the event that either ATM Operator/ATM Source of Funds Provider or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations and/or governing regulations. (6) ATM Operator/ATM Source of Funds Provider and ISO 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 ATM Operator's/ATM Source of Funds Provider's or ISO's failure to comply with this Agreement, with applicable laws and</p>		
Signature of ATM Operator/ATM Source of Funds Provider	Signature of ATM ISO	Signature of Sponsor Bank
Signature	Signature	Signature
Printed Name	Printed Name	Printed Name
Title/Date	Title/Date	Title/Date

PATRIOT ACT COMPLIANCE FORM (PACF)

PATRIOT ACT COMPLIANCE

The following information is required to verify customer identity under the U.S. Patriot Act.

To ensure compliance with new federal regulations of the *U.S. Patriot Act* and enforcement by the financial networks (VISA and MASTERCARD), credit and background checks must be performed on individuals who own and operate ATMs as stated in your Merchant Processing Application, Section II, Rights and Obligations of Merchant / G. Compliance with Applicable Laws and Regulations.

LESSEE / PURCHASER INFORMATION

Legal Company Name: _____		DBA _____	
Business Address: _____ <small>(No PO Boxes)</small>		City: _____	State: _____ Zip _____
Phone: _____	Fax: _____	Fed. Tax ID # _____	
Type of Business: Corp. _____	Proprietorship _____	Partnership _____	Yrs. In Business: _____
Contact Person: _____		Phone #: _____	Cell #: _____

PRINCIPAL INFORMATION

Full Name: _____		Title: _____	
<small>(First) (MI) (Last)</small>			
Home Address: _____ <small>(No PO Boxes)</small>		City _____	State _____ Zip: _____
Home Phone: _____	D.O.B _____	SS # _____	
Cell Phone: _____			

Type Of Business: _____
Estimated Gallons gasoline per month: _____ Estimated Merchandise Sales per week: _____
Car Wash: Yes No Brand: _____ Diesel: Yes No
No. of pump nozzles: _____ Food Franchise: Yes No Square Footage: _____

1. **ATTACH A COPY OF YOUR DRIVERS LICENSE & FED TAX Certificate to FORM.**
2. OFAC validation will be completed on all types of ownership except Financial Institutions. Cash Depot will review these entities on a monthly basis to validate that they are truly financial institutions.
3. ID verifications will be completed on all types of ownership except Corporations (Public), Government Entity, Public Entity, Non-Profit, and Financial Institutions.
4. **Background checks will only be completed on Corporations, Non-Public, Partnership, and Sole Proprietor.**

By providing the above information, the applicant authorizes you to release any information they request by telephone as part of their normal credit approval procedures. The above applicant states as such: I am the ATM owner and I give agent/salesperson permission to collect necessary merchant information.

Merchant Signature Title Date

FEE BILLING

DEBIT ACCOUNT INFORMATION:

Effective Date _____ Amount _____

Terminal ID Number _____

Business Name (as it appears on the account) _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

CREDIT ACCOUNT:

Business Name (as it appears on the account) _____

Terminal ID Number _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

FREQUENCY:

One Time Occurrence

Monthly Recurring

By electronically signing this document, you are authorizing 1st ISO Processing to make the above changes to your fee billing account.

Signature _____ Date _____

Printed Name _____ Title _____

EFT Form
ELECTRONIC FUNDS TRANSFER (EFT)

The following information will be used for Electronic Fund Transfers. Please note that your bank must be a member of ACH (Automated Clearing House) to use the EFT service. Please instruct your bank to provide the correct routing/transmit number assigned to them and your bank account number. This information will be used for monthly revenues.

Company Name:	Bank Account Name:
Company Address:	

Bank Routing Number

Bank Account Number

Please indicate below the type of account you have and attach a voided check or bank letter:

Checking

Savings

General Ledger

I hereby authorize Cash Depot access by Electronic Fund Transfer (EFT) to my account. This access is in the form of a "credit" or "debit" to my account.

Signature

Date