ATM Terminal Creation or Terminal Change Form

LOCATION

Location Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

Location Type: _____

EQUIPMENT

Terminal Manufacturer: _____ Model: _____ Serial No: _____

Software Type: _____

VAULT CASH

Vault Cash and Reg. E Settlement Default Account: Include ACH Authorization & SOFP this party

Name on Account _____ Routing # _____ Account # _____

Checking /Savings? _____

REG E

Reg. E Settlement Account if different than above: Include ACH Authorization & SOFP for this party

Name on Account _____ Routing # _____ Account # _____

Checking /Savings? _____

SURCHARGE SETTLEMENT INFORMATION:

Surcharge Amount: $ _____

Each Account: Attach signed ACH form, W-9 and copy of check.

Name*	Routing #	Account #	Checking or Savings Acct	$ or % Amount	Settle Daily or Monthly

ALERTS/REPORTS

E-mail monthly statement to: _____

Low Cash e-mails to: _____ **Threshold:** $ _____

REG E e-mails to: _____

Send alerts by text to: _____ **Phone Carrier:** _____

Online Viewing to User(s): _____

Owner/Operator Signature: _____ **Date:** _____