



ATM, AIR Bank Account Changes

1740 COFRIN DRIVE SUITE 2 • GREEN BAY, WI 54302 • (920) 432-5777 • FAX: (920) 432-1918

ATM SET UP AND BANKING INFORMATION

1740 COFRIN DRIVE SUITE 2 • GREEN BAY, WI 54302 • (920) 4325777 • FAX: (920) 4321918

ATM Legal Company Name: _____ ATM Location Name: _____
 ATM Address: _____
 Store Phone: _____ ATM Phone: _____ ATM Terminal ID _____
 Surcharge Amount: _____ Denomination: _____ Maximum Out _____
 IN THE EVENT OF A NETWORK OUTAGE, HOW CAN WE CONTACT YOU?
 EMAIL Address: _____ FAX: _____

MERCHANT RESPONSIBILITIES

1. Merchant is obligated to order and install a dedicated grounded electrical outlet and a dedicated standard telephone line for the proper operation and protection of the ATM. Merchant must notify us that this is completed prior to the shipping of the machine.
- a) **Dedicated Power:** A plug and a line directly to breaker with nothing else in that current
Reason: If voltage drops or ATM has any interference caused by other equipment, it will cause ATM to lock up or go out of service. May damage modem computer boards if not on dedicated power or plugged into an approved line conditioner.
Outcome: Warranty Void.
- b) **Dedicated Telephone Line:** Or it will not allow the modem to dial out.
Reason: The machine will not allow complete transactions, errors occur and ATM may not balance.
Outcome: Warranty Void.
2. The cancellation of an accepted order is subject to forfeiture of the security and/or first month lease payment.

MERCHANT HAS READ AND AGREES TO THE STATEMENT ABOVE.

Merchant/Officer Signature: _____

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT CREDIT/DEBITS)

> DAILY DEPOSITS

Bank Name: _____ Branch: - _____
 Transit ABA Number: - _____
 Checking Account # _____ Date Opened - _____
 Bank Telephone # - _____

> SURCHARGE REVENUES & INTERCHANGE

Bank Name: - _____ Branch: - _____
 Transit ABA Number: - _____
 Checking Account # _____ Date Opened - _____
 Bank Telephone # - _____

ATTACH A VOIDED CHECK FOR THE ACCOUNT YOUR FUNDS ARE TO BE DEPOSITED INTO.

This authority is to remain in full force and effect until Cash Depot has received written notification from me and/or a designated officer of the business of its termination in such a time and manner to afford Cash Depot and Depository a reasonable opportunity to act on it. To induce Cash Depot reliance thereon, the undersigned certified the accuracy of all the foregoing information. Business's authorized Bank, Credit Bureau or Investigative agencies employed by Cash Depot, or its designated processor, to investigate the references and statements given, and accuracy of the foregoing any other data contained herein that was obtained from Business or from other persons pertaining to Business's credit, financial responsibility and information. Business further agrees to terms of Monthly Service Agreement. The acceptance of terms is attested to by the Business's following signature. I/We further agree to notify Cash Depot promptly of any and all changes that may occur from time to time in the information and statements contained herein.

Additional information: _____

I/We hereby authorize Cash Depot, or its designated processor to initiate credit and/or debit entries and to initiate, if necessary, reversing entries and adjustments for any original entries made to such account, and/or contract requirements.

Signature _____
 Date _____

**MERCHANT
DAILY
CASH**

If the withdrawal occurs before 2:30 pm (Central)	*The money will be received by your bank on:
Friday-Saturday-Sunday	Monday
Monday	Tuesday
Tuesday	Wednesday
Wednesday	Thursday
Thursday	Friday

Cash Depot Use Only

Changes Keyed by: _____ Date: _____ Bank Account changes reviewed & approved by: _____ Date: _____
 Surcharge/Interchange changes reviewed & approved by: _____ Date: _____