

## **ATM APPLICATION CHECKLIST**

- ATM Operator Agreement and/or  
ATM Source of Funds Provider Declaration Agreement
  
- Bank Express ATM Application
  
- CDS ACH Authorization Release
  
- Copy of Voided Check
  
- Form W-9

**TO AVOID ANY DELAYS, PLEASE FILL OUT ALL APPLICATIONS AND FORMS  
COMPLETELY AND ACCURATELY!**

## ATM Operator Agreement and/or ATM Source of Funds Provider Declaration Agreement

**MetaBank (“Bank”) (“ISO”)**

**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**

### 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
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### 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

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 scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion. Meta Payment Systems, a division of MetaBank (“Bank”) sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

### Section F Agreement between ATM Operator/ATM Source of Funds Provider, ISO and Bank

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 regulations, and with the Bylaws and Operating Regulations and/or governing regulations. (7) The surcharge amount assessed at a sponsored Terminal shall be fair and reasonable and in accordance with Operating Regulations, Bylaws, and/or governing regulations.

Signature of ATM Operator/ATM Source of Funds Provider	Signature of ATM ISO	Signature of Sponsor Bank - MetaBank
Name	Name	Name
Title/Date	Title/Date	Title/Date

# ATM Operator and ATM Source of Funds Provider Quick Reference

## ATM Applicant and Role

Applicant Role	Check Radial Button for Role	Type of Applicant: Individual or Company/Principals	Sections to Complete	Signatures Required	Obtain the Following Documents
ATM Operator	ATM Operator	Individual	A, B, C	F – ATM Operator, ATM ISO, Meta	N/A
ATM Operator	ATM Operator	Company/Principals	A, B, D	F – ATM Operator, ATM ISO, Meta	Articles of Incorporation
ATM Source of Funds Provider	ATM Source of Funds Provider	Individual	A, B, C	F – ATM Source of Funds Provider, ATM ISO, Meta	N/A
ATM Source of Funds Provider	ATM Source of Funds Provider	Company/Principals	A, B, D	F – ATM Source of Funds Provider, ATM ISO, Meta	Articles of Incorporation
Both ATM Operator and ATM Source of Funds Provider	Both ATM Operator and ATM Source of Funds Provider	Individual	A, B, C	F – ATM Operator/ATM Source of Funds Provider, ATM ISO, Meta	N/A
Both ATM Operator and ATM Source of Funds Provider	Both ATM Operator and ATM Source of Funds Provider	Company/Principals	A, B, D	F – ATM Operator/ATM Source of Funds Provider, ATM ISO, Meta	Articles of Incorporation

S or C Corp: Articles of Incorporation/ Certificate of Incorporation

Sole Proprietor or Partnership: N/A

LLC: Articles of Organization/Certificate of Formation



# ATM APPLICATION

## Terminal Location

<u>Legal Business Name</u>		<u>Doing Business As</u>		
<u>Business Address</u>		<u>City / State / Zip</u>		
<u>Terminal Location Owner's Name</u>	<u>Terminal Location Contact Person</u>	<u>Terminal Location Phone #</u>	<u>Cell Phone #</u>	
<u>Nature of Business (Type of goods or services sold)</u>	<u>Terminal Location Owner's SSN / EIN</u>	<u>Type of Ownership</u>		
		Sole Prop	Partnership	LLC

## ATM Equipment Information

**\*REQUIRED IF YOU WANT BEI TO PROGRAM TERMINAL**

<b>Make:</b> Hyosung    Genmega    Triton    Hantle/Tranax	<b>*Communication Type:</b> Dial    TCP/IP    Wireless: _____ <span style="float: right; font-size: small;">Wireless Provider</span>
<b>Model:</b>	<b>*Dispense Limit:</b> \$ _____ (minimum \$200.00)
<b>Serial Number:</b> ATM _____ Keypad _____	<b>*DCC:</b> YES    NO
<b>Software Version:</b>	<b>Is Terminal EMV Compliant:</b> YES    NO
<b>*Cassette Size:</b> 1K    2K    4K	<b>*Operator Password:</b> _____ (must be 6 digits)
<b>*Denomination:</b> \$5    \$10    \$20	<b>*Message Format:</b> Enhanced Standard 1    Standard 3

## Surcharge Information

<b>Surcharge Amount:</b> \$ _____	<b>Surcharge Distribution</b>	
<b>Surcharge Frequency:</b> (please check one below)	<u>Customer Name</u>	<u>Amount</u>
Daily ACH    Monthly ACH		\$ _____
Monthly Check (Payable To: _____)		\$ _____
<i>*Note: Surcharge checks are issued on the 15<sup>th</sup> of the following month</i>		\$ _____

<u>Special Instructions:</u>
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## Authorization & Release

Business Purpose Release

I acknowledge that this application is solely for the purposes of business and no other use.  
I authorize BEI to release any information requested concerning personal or business standing.

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_



## ACH AUTHORIZATION RELEASE

\_\_\_\_\_ (“Customer”) authorizes Columbus Data Services, (“CDS”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS 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 effected through the Federal Reserve System automated clearing house (ACH) system.

### Settlement Disputes

Customer shall audit and balance the data contained in the periodic statements and reports provided by CDS and shall promptly, but in no event more than 30 days after the date of the disputed item, notify CDS in writing (the “Notice Date”) of any disputed item or items on such periodic statements and reports. If CDS determines that the disputed item was credited or debited in error by CDS, CDS shall correct the error. Notwithstanding, CDS shall not be liable for any recovery, reimbursement or otherwise of any amounts over 30 days from the Notice Date. CDS will, however, use its commercially reasonable efforts to recover any amounts over such 30-day period. CDS shall not be liable for any damages, interest or costs associated with the error other than correcting the error.

The undersigned represents and warrants to CDS that the person executing the Authorization is an authorized signatory on the Account referenced below and all information regarding the Account and the Account Holder is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

### Account Information

**This form MUST be accompanied by a pre-printed voided check or a letter from the bank to which the funds are settling referencing the Customer’s name, routing number and account number. The information on the check or bank form must match the information provided below. Forms submitted without all fields on this document completed will not be processed.**

Routing/Transit Number (9 digits):                                             

Account Number: \_\_\_\_\_

These numbers are printed on the bottom of your check. See example below:

**Routing Number**                      **Account Number**

CDS Office Use Only			
Date Received		Entered By	
Date Entered		Date Scanned	

## Voided Check

### Instructions:

\* Please attach a VOIDED CHECK.

**\*\* Starter checks and over the counter checks will NOT be acceptable forms of account verification.**

**OR**

\* You may obtain a letter on bank letterhead from your financial institution, which should include:

- the checking account number,
- the bank's routing or ABA number, and
- the name as it appears on the account.

**Tape Voided  
Check here  
(Please DO NOT staple)**

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.