

Exhibit 3

ACH Authorization Form

Version 2

Vault Cash
 Surcharge
 Both (Surcharge & Vault Cash)

Location Name				Contact				
Address								
City			State		Zip		Phone #	
<p>_____ (hereinafter referred to as ATM Operator) authorizes ATM Express, Inc., or its designated assignee, referred to as ATX, to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. This authorization shall remain in effect unless and until ATX has received written notification from Customer that this authorization has been terminated in such time and manner to allow ATX to act. ATX and ISR agree and acknowledge that ATX has the sole and exclusive right, title and interest in and to credit and debit Account for the settlement of Terminal transactions and transaction adjustments on behalf of Customer. This terminal is sponsored by MetaBank.</p> <p>Customer agrees that it shall, itself or through a third party, keep its Terminals supplied with sufficient cash, receipt paper, and any and all materials necessary to maintain operation of such Terminals. All shortages and adjustments must be reported to ATX within 7 days or Customer assumes full liability. Customer further agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. Customer has the authority to authorize ATX to process their ATM transactions and enter into this agreement. Customer shall hold ATX harmless and indemnify, including attorney fees, in the event of a claim.</p> <p>Print Name: _____</p> <p>Signature: X _____ Date: _____</p>								
FUNDS SETTLEMENT INFORMATION								
Bank Name/Branch								
Bank Officer				Account Name				
Phone				Account Type		<input type="checkbox"/> DDA	<input type="checkbox"/> Savings	
Address				Accum Type		<input type="checkbox"/> Lumped	<input type="checkbox"/> Separate	
City		State	Zip	Account Owner		<input type="checkbox"/> Investor	<input type="checkbox"/> Merchant	<input type="checkbox"/> ISO
Routing #				Account #				
INTERNET REPORTING INFORMATION								
Username				Email				
<p>ATTACH PRE-PRINTED VOIDED CHECK</p> <p>This authorization will not be activated without receipt of a copy of a PRE-PRINTED, voided check, or a letter from the above financial institution verifying the routing and account numbers and account name.</p>								

AN ISR/MERCHANT APPLICATION MUST BE COMPLETED BY ANYONE RECEIVING VAULT OR SURCHARGE SETTLEMENT

ATM Express, Inc. * P.O. Box 20439 * Billings, MT 59104-0439
 Tel (877) 271-2627 Toll Free * Fax (877) 327-2939 Toll Free