

Exhibit 2 Completion Instructions

The following instructions were created to help facilitate the detailed completion of the Exhibit 2 document. Properly filling out the Exhibit 2 document will result in your request being processed accurately and quickly.

1. Please have the Operator complete sections A “Terminal Deployment Location” and C “Applicant is an Individual” **ONLY**
2. If the ATM Operator is a Business, then complete sections A “Terminal Deployment Location” and D “Applicant is a Company and Principals” **ONLY**
 - a. **DO NOT** fill out section C
 - b. Include the following information:
 - i. Articles of Incorporation
 - ii. Corporation’s Bank Statements
 - c. Omitting these items will result in the Exhibit 2 being declined

****NOTE****

This form is for Due Diligence purposes only and is not used for tax reporting in any way

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

MetaBank (“Bank”) PAI (“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
-----------------------------------	------------------------------------

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 PAI (ISO)	Signature of Sponsor Bank - MetaBank
Name	Name	Name
Title/Date	Title/Date	Title/Date