

# Exhibit 4

## ATM Installation Form

Version 8.13.12

**For a new terminal I.D., fax this completed form to 877.327.2939**

<b>Processor:</b>	<input type="checkbox"/> First Data <input type="checkbox"/> FIS <input type="checkbox"/> Switch Commerce <input type="checkbox"/> WorldPay			
<b>Connection:</b>	<input type="checkbox"/> Dial-up <input type="checkbox"/> DSL/Broadband <input type="checkbox"/> Wireless			
<b>ATM Location Name:</b>				
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Contact Name:</b>		<b>Phone:</b>		
<b>Contact Name Email:</b>				

<b>ATM Make:</b>		<b>ATM Model:</b>		<input type="checkbox"/> Standard 3 (recommended) <input type="checkbox"/> Standard 1
<b>ATM Ownership:</b>	<input type="checkbox"/> Market Partner (MP) <input type="checkbox"/> Other* <small>* Must Submit an Exhibit 2 form for Non-MP Owned ATMs</small>			
<b>MP Business Name:</b>				
<b>MP Signature:</b>		<b>Date:</b>		

<b>PLEASE NOTE: An Exhibit 2, 3, and a Preprinted Voided Check or Bank Letter is REQUIRED for each Account Listed.</b>						
<b>Vault Cash Routing / Account #:</b>	/					
<b>Daily Surcharge Distribution</b> <small>(Monthly Statement or Tiered Surcharge Must Fill out Exhibit 8)          (Must Submit W-9 for Monthly Payments)</small>				<b>Variable Surcharge</b>		<b>Monthly</b>
<b>Split</b>	<b>Routing / Account #</b>	<b>Amount</b>	<b>% Amount</b>	<b>Floor Amount</b>		
1st Surcharge Account	/				<input type="checkbox"/>	
2nd Surcharge Account	/				<input type="checkbox"/>	
3rd Surcharge Account	/				<input type="checkbox"/>	
<b>Total Surcharge Amount</b>				Must Equal 100%		