Exhibit 3ACH Authorization Form



☐ New Account ☐ Existing TID. TID #				Account Change: Old Account #					
☐ Vault Cash ☐ Surcharge			oth (Sur	charge	☐ Wireless				
Location Name			Contact						
Address									
City		State		Zip		Phone #			
•				'					
Payment Alliance International, Inc. credit the account identified herein written notification from ATM Oper. ATM Operator agree and acknowle Terminal transactions and transactions and transactions and transactions and transactions and transactions and transactions are processed in the processed at the processe	for all Processing Solution that this author adge that PAI has the con adjustments on both all electronic-funds their ATM transaction the event of a claim understands that any intative Agreement (lingly, ATM Operator with the event of a claim an ACH Account perator's Terminals ain an ACH account perator further agresses, claims, damage ator to verify that all on thereof is correct the enses, claims, damage ator and summary report and summary report llowing ATM Operator any error by PAI or any error by error any error by PAI or any error by error any erro	ssignee, referred ervices. This authization has been eright, title and izehalf of ATM Opd-transfer networtions and enter ir im. y relationship est the "Agreement agrees that PAI er reason. and for payment. Settlement on rest to maintain at reement. information comand complete. Figes, liability, loss, e of change relations provided by its. All shortages tor's timely notice forts to correct to recovery of a for. In such event,	to as PAI orization terminate interest in terator. It rules, reato this against the thin and the terminate in the thin all times tained in the thin all times and adjust PAI detection, any amount PAI will up to restaurce the error.	, to initial shall remed in such and to control and	te ACH transin in effect in time and redit and or sand request. ATM Open at the independent of the independe	ansfer en ect unless I manner debit Acc uirements erator and pendent tions to A under th queue at ACH Ac other fo erify any action aris shall aud y PAI of a ported to puted it not be li asmitted	s and until PAI he to allow PAI to count for the second for the se	bit and/or has received act. PAI and or has the rmless and to that tative with of whatever ATM the bank a sufficient by ATM on and elated to the data am or ays or ATM d or debited mages, irty (30) days	
*Print Name					Date				
Signature									
Bank Name				Account Name					
Phone			Account	Туре:	☐ Check	king	☐ Savings		
Address			Accum T		☐ Lump		☐ Separate		
City State		Zip	Account	Owner:	☐ Invest		☐ Merchant	☐ ISR	
Please Fill in Routing Number a	nd Account Numb								
Routing #		Account #							
COMPLETE THIS SECTION TO ALLO User Name	W MERCHANT LEVE	L ACCESS TO ATM	/I REPORT	S Email					

ATTACH A PRE-PRINTED VOIDED CHECK: THIS AUTHORIZATION WILL NOT BE COMPLETED WITHOUT A PRE-PRINTED, VOIDED CHECK, OR A SIGNED LETTER FROM THE ABOVE FINANCIAL INSTITUTION VERIFYING THE ACCOUNT NAME, NUMBER, AND ROUTING NUMBER.