ATM Operator Agreement and/or ATM Source of Funds Provider

			Declaration A	Agreement		
Select One:	0	Applicant is an Inc	dividual or a Sole F	Proprietor (complete	e Section C)	
	Applicant is a Company (complete Section D using information from the Articles of Incorporation)					
Then check	appro	opriate applicant rol	e(s):			
_		ator or	C (C).			
ATM Source of Funds Provider or						
		Operator and ATM		rovidor		
PATRIOT ACT DISC laundering activitie When you become ("Bank"), to identif	ELOSURE es, Feder e a custo fy you. V	: IMPORTANT INFORMATION A ral law requires all financial inst mer, we will ask for your name, Ve may also ask to see your driv	BOUT PROCEDURES FOR BECO itutions to obtain, verify, and , address, date of birth, and ot ver's license or other identifyir	OMING A CUSTOMER – To help record information that identi ther information that will allov	o the government fight the funding of terrorism and money fies each individual or entity who becomes a customer. v us and our sponsor bank, Metabank, National Association	
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				Location Phone Number		
3. Gity, State, Zip of Education						
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		
				Total Cooperation		
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			16. Applicant Date of Birth	(mm/dd/yyyy)	17. Applicant Home or Mobile Phone Number	
Section D. Appli	icant ic	a Company (Partnership III	C Corporation Financial Ind	etitution)		
Section D Applicant is a Company (Partnership, LLC, Corporation, Financial Installation 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			corporation	21. Company Federal Employer Identification Number (FEIN)		
		Declaration, Agreement bet				
		t ("the named ATM Operator/ATM r Sponsorship, and any other doc			ed ISO ("ISO")for all the following and affirms that all information	
- Applicant ι	understar		ciation ("Bank") sponsors the ATM	M Terminal and financial transaction	ons on the ATM Terminal that the Applicant will financially this agreement)	
- The Applic	ant is ap	olying for an account relationship v	vith Bank, as an ATM Operator a	nd/or ATM Source of Funds Prov		
Bank. The Applicant agrees that the 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 Applicant is a company, Applicant hereby provided authorization for such Company. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank.						
 Applicant r 	 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. 					
 Applicant agrees to comply at all times with applicable laws and regulations as well as banking, regulatory, 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. 						
- Applicant understands the Bank may terminate this relationship in Bank's sole discretion or in the event that the Applicant or ISO fail to comply with the Bylaws and Operating Regulations and/or governing regulations.						
- Applicant a MasterCan applicable - Applicant a	agrees the d/Cirrus, laws and	at they will indemnify and hold han etc.) and Network Members, from I regulations, and with the Bylaws a	and against any and all claims, lo and Operating Regulations and/o	osses, or damages arising out of or governing regulations	cluding but not limited to Plus System, Inc., Applicant's or ISO's failure to comply with this Agreement, with ordance with Operating Regulations, Bylaws, and/or governing	
regulation - Applicant is	s not a ca	annabis related business and is no	t affiliated with a cannabis relate	d business.		
Signature of ATM Operator/ATM Source of Funds Provider				Signature of ATM ISO		
Signature				Signature		
Name				Name		

Title/Date

Revised 02/22/2021

Title/Date