

NEW APPLICATION COVER PAGE



FAX: (845) 419-2035

EMAIL: ERIC@MYATMGUYS.COM

OFFICE: 1-877-87-MYATM EXT: 700

ATTENTION: ERIC STEWART

(please have all pages filled out along with voided check and copy of your Business Certificate)

From: _____

Pages: _____

Date: _____

Comments: _____

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

MetaBank (“Bank”) (“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 ATM ISO | Signature of Sponsor Bank - MetaBank |
|--|----------------------|--------------------------------------|
| | | |
| Name | Name | Name |
| Title/Date | Title/Date | Title/Date |

Attachment 2

ACH AUTHORIZATION RELEASE

_____ (“Customer”) authorizes Columbus Data Services, (“CDS”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be effected through the Federal Reserve System automated clearing house (ACH) system.

Settlement Disputes

Customer shall audit and balance the terminal(s) and/or accounts associated with the settlement account indicated below and shall promptly, but in no event more than 30 days after the date of any disputed or missing item, notify CDS of any disputed or missing item or items. If CDS determines that the disputed or missing item was credited or debited or made in error by CDS, CDS shall correct the error; however, CDS shall not be liable for any recovery of any amounts over 30 days prior to the date CDS was notified of the disputed or missing item although CDS will use its best efforts to recover any amounts over 30 days from the disputed date.

The undersigned represents and warrants to CDS that (a) the person executing the Authorization is authorized signatory on the Account referenced above and all information regarding the Account and the Account Holder is true and correct.

Authorized by: _____ Date: _____
Print Name and Title: _____

Daily Cash Settlement Account Information***

*** This form **Must** be accompanied by a printed voided check or a letter from the Bank to which the funds are settling referencing the Customer’s name, routing number and account number.

Financial Institution: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Contact Name: _____ **Phone Number:** _____

Routing/Transit Number (9 digits) : _____
Account Number: _____

Business Name as it Appears on the Account

CDS use only

Date received: _____

Date entered: _____

Entered by: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return) _____

Business name/disregarded entity name, if different from above _____

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.) _____
City, state, and ZIP code _____
List account number(s) here (optional) _____

Requester's name and address (optional) _____

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | | |
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|--|--|--|--|---|--|--|--|--|--|--|

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

| | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| | | - | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.