



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

## Declaration Agreement

- 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

**PATRIOT ACT DISCLOSURE:** IMPORTANT INFORMATION ABOUT PROCEDURES FOR BECOMING A CUSTOMER – To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity who becomes a customer. When you become a customer, we will ask for your name, address, date of birth, and other information that will allow us and our sponsor bank, Metabank, National Association (“Bank”), to identify you. We may also ask to see your driver’s license or other identifying documents.

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, Agreement between ATM Operator/ATM Source of Funds Provider and ISO		
<p>22. The undersigned Applicant (“the named ATM Operator/ATM Source of Funds Provider”) provides consent to the undersigned ISO (“ISO”) for all the following and affirms that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct.</p> <ul style="list-style-type: none"> <li>- Applicant understands that MetaBank, National Association (“Bank”) sponsors the ATM Terminal and financial transactions on the ATM Terminal that the Applicant will financially participate in. (NOTE: Cashless, quasi-cash, scrip and any other point-of-sale (POS) transactions are NOT supported by this agreement)</li> <li>- The Applicant is applying for an account relationship with Bank, as an ATM Operator and/or ATM Source of Funds Provider sponsored by the Bank.</li> <li>- The Applicant acknowledges 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.</li> <li>- 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.</li> <li>- Applicant authorizes Bank or any of its agents to investigate information or data obtained from this application.</li> <li>- If the Applicant is a company, Applicant hereby provided authorization for such Company.</li> <li>- Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank.</li> <li>- Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder.</li> <li>- Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion.</li> <li>- 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.</li> <li>- 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.</li> <li>- Applicant agrees that they 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 Applicant’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</li> <li>- Applicant agrees that the surcharge amount assessed at a sponsored Terminal shall be fair and reasonable and in accordance with Operating Regulations, Bylaws, and/or governing regulation</li> <li>- Applicant is not a cannabis related business and is not affiliated with a cannabis related business.</li> </ul>		
Signature of ATM Operator/ATM Source of Funds Provider		Signature of ATM ISO
Signature		Signature
Name		Name
Title/Date		Title/Date

# Exhibit 3



## ACH Authorization Form

Check all that apply

 Vault Cash Surcharge Wireless

Location Name		Contact	
Address			
City	State	Zip	Phone #
Changing an existing account? <input type="checkbox"/> Yes <input type="checkbox"/> No    TID: _____ Existing Account # _____			

\_\_\_\_\_, legal name, (hereinafter referred to as ATM Operator) authorizes Payment Alliance International, Inc., or its designated assignee, referred to as PAI, to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. This authorization shall remain in effect unless and until PAI has received written notification from ATM Operator that this authorization has been terminated in such time and manner to allow PAI to act. PAI and ATM Operator agree and acknowledge that PAI has the right, title and interest in and to credit and debit Account for the settlement of Terminal transactions and transaction adjustments on behalf of ATM Operator.

ATM Operator agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. ATM Operator has the authority to authorize PAI to process their ATM transactions and enter into this agreement. ATM Operator shall hold PAI harmless and indemnify, including attorney fees, in the event of a claim.

ATM Operator acknowledges and understands that any relationship established between ATM Operator and PAI is related to that certain Independent Sales Representative Agreement (the "Agreement") between PAI and the independent sales representative with whom you have contracted. Accordingly, ATM Operator agrees that PAI shall have no further obligations to ATM Operator, of whatever sort or nature, if the Agreement terminates for whatever reason.

For Settlement on behalf of ATM Operator's Terminals and for payment of Expenses due and owing under this Agreement, ATM Operator shall establish and maintain an ACH Account. Settlement on non-banking days is held in queue at processor until the bank system opens for business. ATM Operator further agrees to maintain at all times in ATM Operator's ACH Account a balance sufficient to pay all amounts due and owing to PAI under this Agreement.

It is the responsibility of the ATM Operator to verify that all information contained in the exhibits and all other forms submitted by ATM Operators to PAI or any modification thereof is correct and complete. PAI has no responsibility to verify any such information and will not be responsible for any Expenses, claims, damages, liability, loss, demands or any causes of action arising out of or related to any incorrect information submitted to PAI or any notice of change related thereto. ATM Operator shall audit and balance the data contained in the periodic statements and summary reports provided by PAI and shall promptly notify PAI of any disputed item or items on such periodic statements and summary reports. All shortages and adjustments must be reported to PAI within 7 days or ATM Operator assumes full liability. If following ATM Operator's timely notice PAI determines that the disputed item was credited or debited in error by PAI, PAI shall use commercially reasonable efforts to correct the error. However, PAI shall not be liable for any damages, interest or Expenses associated with any error by PAI or for recovery of any amounts which were transmitted in error over thirty (30) days prior to the date PAI receives notice from ATM Operator. In such event, PAI will use commercially reasonable efforts, but shall be under no obligation to incur any Expense, to recover the same on ATM Operator's behalf.

Print Name	Date
Signature	

Name on Account	Bank Name		
Address	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
City	State	Zip	Accumulation <input type="checkbox"/> Lumped <input type="checkbox"/> Separate

### Please Fill in New Routing Number and Account Number Below

Routing #	Account #

### COMPLETE THIS SECTION FOR ACCESS TO PAI REPORTS

User Name	Email
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# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*