



If you have any problems or questions when filling out this form, please call us at 1.800.929.0228 or e-mail info@atmnetwork.net

10749 Bren Rd. E.  
Minnetonka, MN 55343  
1-800-929-0228  
Fax: 800.929.0114

Customer ID \_\_\_\_\_

# BANK ACCOUNT CHANGE REQUEST

## 6a. DAILY

This section provides information about the bank account you will use for daily ACH services. Each day, we'll deposit an amount equal to the amount of cash withdrawn the day before.

Besides filling out this section, you **MUST PROVIDE a VOIDED CHECK or LETTER FROM YOUR BANK**, as explained below.

Corporate name/DBA name \_\_\_\_\_

### Account type

- Business checking    Savings  
 Personal checking    General Ledger

Name on the account \_\_\_\_\_

Routing transit number \_\_\_\_\_

Account number \_\_\_\_\_

Bank name \_\_\_\_\_

Bank phone \_\_\_\_\_

Attach a **VOIDED check**, or a **letter from your bank** stating the customer's name, routing/transit number and account number.

## 6b. MONTHLY Same as daily

This section provides information about the bank account where you will receive your surcharge income. Each month, we'll deposit your surcharge revenue for the previous month.

If you want to use the same account for both daily and monthly deposits, just check the "Same as daily" box above and leave this section blank.

Corporate name/DBA name \_\_\_\_\_

### Account type

- Business checking    Savings  
 Personal checking    General Ledger

Name on the account \_\_\_\_\_

Routing transit number \_\_\_\_\_

Account number \_\_\_\_\_

Bank name \_\_\_\_\_

Bank phone \_\_\_\_\_

Attach a **VOIDED check**, or a **letter from your bank** stating the customer's name, routing/transit number and account number.

## 10. CASH-LOADING DATA

This section gives information on cash handling, to help prevent fraud and so we know who to call if there's a problem with keeping the machine supplied with cash.

If you're not sure which box to check, check "ATM operator."

Funding method (who is responsible for keeping the machine loaded with cash?)

- ATM operator    Bank/ISO  
 ISO    Bank/processor  
 Merchant    Third party

Name of person who is loading cash \_\_\_\_\_

ATM owner \_\_\_\_\_

ATM owner phone no. \_\_\_\_\_

### Source of loads

- ATM operator    ISO  
 Merchant    Third party  
 Armored car

### Expected frequency of loads

- Daily    Twice weekly  
 Weekly    Every two weeks  
 Monthly

**PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.**

**SIGN THE FORM, DATE IT AND FAX IT AND THE VOIDED CHECK BACK TO ATM NETWORK AT 1-800-929-0114.**

**BANK INFORMATION WILL NOT CHANGE WITHOUT YOUR SIGNATURE.**

By signing below, each undersigned individual, who is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Lender of its Assignee and certifies that all information provided is true and correct, and authorizes Lender or its assignee(s) to verify any credit information from whatever source it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and financial information requested by telephone or facsimile. The undersigned further understands that any information obtained now or from time to time will be treated confidentially and will only be used for securing financing or for the purposes of updating, renewing, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be as valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

**X** \_\_\_\_\_  
Signature Date

FOR ATM NETWORK INTERNAL USE ONLY	Access: _____	WorldPay: _____
	Initials: _____	Initials: _____
	Date: _____	Date: _____