



PHOENIX CARDNET Tel:1(888) 972 4286. FAX: 1(888) 922 4286

ACH Agreement Form : - Agent / Group 1 Name:

-Group 2:

<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> Change cash account. <input type="checkbox"/> Change Surcharge Amount <input type="checkbox"/> Change Surcharge Split LK _____	Business Hour -Weekdays: _____ -Saturday _____ -Sunday _____	Cash loads <input type="checkbox"/> Daily <input type="checkbox"/> Bi weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	-Surcharge:\$ _____
			-Merchant:\$ _____
			<input type="checkbox"/> Check <input type="checkbox"/> ACH (<input type="checkbox"/> Monthly or <input type="checkbox"/> Daily) -Group1:\$ _____ - Group 2:\$ _____

New ATM Owner (Operator) . Existing ATM Owner. *If Existing enter only the owner name*

ATM Owner (Operator)	Home Tel	
Home address	Date Of Birth	
	SS#	
DL#	DL Exp Date:	US CITIZEN Y - N

Business Information: *If Existing enter only the Business name & Address*

Business Name	TAX ID	Open date:
DBA Name	TEL	
Contact Name	FAX	Email
Physical address		
Mailing address		

-Cash Arrangement: Source Of Cash ATM Operator Merchant Armored Third Party

CASH Funding Entity (Corporate name)	Address
Contact Name	Tel
Expected Monthly Cash	Expected Monthly Transactions
Bank Name	Tel
Branch Address	Contact name

	Name On Account	Routing (9 digits)	Account Number
Cash			
Surcharge			

-Ach Authorization Release: the undersigned Principal /Owner hereby authorizes Phoenix Cardnet, INC or it's processor RBS WORLDPAY, to initiate ACH transfer entries (credits and debits) for daily and monthly surcharge profits, adjustments, service, error corrections and outstanding balances The undersigned accepts responsibility for an anti-money laundering program and a background and credit check as needed to comply with network and patriot act regulations and laws and also warrants and represents to Phoenix Cardnet to be an authorized signatory on the accounts referenced above and all the information regarding the account and the account holder is true and correct. Any counterpart of this form should be treated as original.

Name: _____ **Signature:** _____ **Date:** _____

- **Programming Instructions: Software Emulation Requested:** _____

ATM Band /Model	ATM S/N
Main Board S/N	EPP S/N
Software	EPP VERSION
Key Serial 1 & 2	Date /Time
Key Custodian 1& 2	
Custodian signatures	



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- Attach a VOID check.
- New ATM operator (Owner) needs to Sign bank addendum form.

VOID CHECK