



TERMINAL ID:

| | | | |
|---------------------------|-----------------------|------------------------|--------------------|
| Location: | New Terminal | Terminal Change | |
| Address: | Type of Change: | | |
| City: | Type of Machine: | | |
| State: | Zip: | Surcharge: | Serial No.: |
| Location Type: | Location Contact: | | |
| No. of Dispensers: | Type of Bills: | Location Phone No.: | |
| Terminal Phone No.: | | | |

TERMINAL ACH DISTRIBUTION

Cash Replenishment Account

| Bank Name | Routing No. | Account No. | Type |
|-----------|-------------|-------------|------|
| | | | |

Surcharge Account

| Bank Name | Routing No. | Account No. | \$ Amount | Type |
|-----------|-------------|-------------|-----------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Interchange Account

| Bank Name | Routing No. | Account No. | Type |
|-----------|-------------|-------------|------|
| | | | |
| | | | |

| | |
|---|----------------------|
| | |
| ISO Name | Authorized Signature |
| | |
| Name of the person who completed the form. | |

- Please fax all setup forms directly to Datastream at 818.957.5428.
- Include a signed Exhibit C Form (Bank Authorization Form) and a voided check for each account listed above.
- You may submit a bank letter in place of a voided check if a check is not available.
- All Exhibit C Forms must be signed by the account holder.
- Any question about completing this form, contact Carrie at 877.500.0002, Extension 12.