



ATM Depot
 119 N El Camino Real
 Suite E-136
 Encinitas, CA 92024

ACH FORM
Your ATM Cannot be Setup unless
ALL fields are completed



628 Route 10
 Whippany, NJ 07981
 Tel: 888-501-5246
 Fax: 760-512-4125

Location Name: _____
 (This name will appear on ATM receipts)

Location Address: _____
No. Street City State Zip

Location Contact: _____ Location Tel #: _____
 Location Fax #: _____

Location Owner Name: _____
First Last Owner Tel #: _____

Email address: _____ Owner Fax #: _____

Federal Tax ID #: _____ or Soc. Sec #: _____

****Machine Vaulter:** _____ Machine S/N: _____

Surcharge Amount: _____ Machine Type: _____

Dealer/Rep Comm: _____ 3 Des: YES NO

Merchant Comm: _____

Financial Institution: _____ Bank Account Type: CHECKING SAVINGS

Account Number: _____ Bank's ABA #: _____

Monthly commissions will be Directly Deposited into the vaulting account provided unless otherwise stated

***** Anyone receiving commission must provide a voided check or bank letter for ACH transfer & a signed ACH Authorization Form *****

(Vaulter) _____ hereby authorizes Access To Money to initiate ACH transfer for the following: adjustments, error corrections, daily settlements, maintenance and monthly commission. These entries will be made through our Demand Deposit Account at _____.
 (bank name)

X _____
 (Customer Signature - Machine Vaulter)

X _____
 (Company Name & Date)

Access To Money

X _____
 (ATMDepot)

• PLEASE INCLUDE VOIDED CHECK WITH THIS FORM •



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Fax: 760-512-4125

ATM Owner Business _____
Business Name _____ *DBA Name* _____

Business Physical Address: _____
No. Street (p.o. box not allowed) City

_____ *State ZIP* Owner Tel #: _____

_____ *Please write business mailing address here, if different than physical address*

Business Type: Sole Proprietor Partnership Corporation Public Corporation Non-Public
 Gov't Entity Public Entity Non-Profit Financial Institution

Federal Tax ID #: _____ FI#: _____
Financial Institutions only

Ownership %: _____ **If Multiple Owners Please Complete this for for Each**
Ownership % required if "Partnership" or "Corporation-Non Public" were selected above as "Business Type" Date of Incorporation ____/____/____

Political Exposed Person "PEP" YES NO A PEP is a current or former elected official in a **Foreign Country**)

ATM Depot and it's processing provider Access To Money, a principled company seeks growth through long-term trusting relationships with its merchants. By signing below you are expressing an understanding of the following:

- By signing, applicant authorizes Access To Money, in accordance with Visa/MasterCard regulations, to conduct a credit and/or criminal background check.

All information MUST be filled out completely.

Below information required for Corp. Non-Public, Partnership, & Sole Proprietor. Full name & contact # only for Non-Profit, Gov't Entity & FI

ATM Owner Principal _____
First Name, Middle Initial _____ *Last Name* _____

Physical Home Address: _____
No. Street (p.o. box not acclowed) City

_____ *State ZIP* Owner Tel #: _____

_____ *Please write home mailing address here, if different than physical address*

County of Residence: _____

Soc. Sec. #: _____ Date of Birth: _____

Email Address: _____ Owner Fax #: _____

Contact ID Type: _____ Mobile #: _____
Specify driver's license or state issued id

Contact ID #: _____ Contact ID #
Expiration Date: _____

Your signature authorizes ATMDepot, it's processing agent Access To Money or agent thereof to conduct a Criminal Background Investigation and/or a Credit or Financial Inquiry:

_____ *Signature* _____ *Date*

• PLEASE INCLUDE LEGIBLE COPY OF ID WITH THIS FORM •

ATM Depot and its processing provider Access To Money comply with Section 326 of USA Patriot Act. This law Mandates that we verify certain information about you and your company.