ACH Authorization Release

Chris _____, legal name (hereinafter referred to as "ATM Operator"), authorizes Cardtronics USA, Inc. ("Company"), or authorized processor to initiate ACH transfer entries and to debit and/or credit the account identified herein. Company shall have the right to credit or debit account, on behalf of the ATM Operator, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due Company by ATM Operator. ATM Operator agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the ATM Operator. ATM Operator agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by ATM Operator by providing written notice of cancellation to Company and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be initiated through the Federal Reserve System automated clearing house (ACH) system.

The undersigned represents and warrants to Company that (a) the person executing the Authorization is authorized signatory on the Account referenced above and (b) all information regarding the Account and the Account Holder is true and correct.

Address: _____ City: _____

SSN or FEIN: _____ State: _____ Zip: _____

Authorized By (print): _____ Date: _____

Signature: _____

Routing Number									Account Number											

Name as it appears on the Account: _____

Account: ☐ Checking ☐ Savings ☐ GL

Funding Type: ☐ Surcharge Account ☐ Vault Cash Account ☐ Both ☐ Other _____

Deposits: ☐ Combined ☐ Separate

This form MUST be accompanied by a printed voided check or a letter from the Bank (on Bank Letterhead) to which the funds are settling referencing the ATM Operator's name, routing number and account number. This form MUST be filled out for each account involved with funds transfer.

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____ Bank Phone #: _____

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Fax: (309) 673-8830

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