

Merchant Application and ATM Operator Agreement

ATM Deployer Services "ISO"

MetaBank ("Bank")

SECTION A – Application: Merchant/ATM Operator Completes Lines 1-10 ** PLEASE PRINT CLEARLY**

1. Name of Location (Doing Business As)		2. Physical Street Address of Location	
3. City, State Zip		4. Location Phone Number	5. Location Fax Number
6. Business Tax ID Number	7. Financial Institution Number (FI #, FDIC, NCUA, ASI)	8. Email Address of Business Principal	
9. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)		10. Merchandise/Services Sold	

SECTION B – Application: ATM Operator Completes Lines 11 - 26 ** PLEASE PRINT CLEARLY**

11A. ATM Operator Principal First Name	11B. ATM Operator Principal Last Name	12. ATM Operator Principal "FULL" Legal Name (if same as 10-11, write "Same")
13. ATM Operator Principal Home Street Address		14. ATM Operator Principal City, State, Zip
15. ATM Operator Principal Social Security Number		16. ATM Operator Principal Driver License Number, Issuing State and Expiration Date
17. ATM Operator Principal Date of Birth		18. Any other names by which you are now or have been known:
19. Are you on parole or probation? Yes or No?	20. Have you ever been convicted of a felony? Yes or No?	21. Percentage of Ownership held by above named ATM Operator Principal
22. Are there any other persons/entities that own or control [10%] or more of ATM Operator? Yes or No?		23. If the answer to #21 is Yes, such person/entities are deemed Other Principals. Please include details referenced in 10-21 regarding every Other Principal, on a separate ATM Operator Agreement.
24. APPLICATION DECLARATION: The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator sponsored by Bank. The undersigned acknowledges that in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. Therefore, the undersigned agrees that Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a Criminal Background Investigation in connection with this Application. Applicant authorizes Bank or any of its agents to investigate information or data obtained from this Application. If there is more than one Principal indicated above, Applicant hereby provides the signed authorization for such Other Principals as well. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion.		
25. SIGNATURE OF ATM OPERATOR PRINCIPAL / DATE		

Meta Payment Systems, a division of MetaBank, ("Bank") sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

SECTION C – AGREEMENT BETWEEN Merchant/ATM OPERATOR, ISO AND BANK Line 26

26. In the event this Application is accepted by Bank, the above named ATM Operator, ISO and the Bank (collectively, the "parties") hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator financially participates in. ATM Operator and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such separate agreement; (2) The parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, including but not limited to the Plus System, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations may be amended from time to time; (4) The Bank may terminate this Agreement in Bank's sole discretion or in the event that either ATM Operator or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations; (5) ATM Operator and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses or damages arising out of ATM Operator's or ISO's failure to comply with this Agreement, with applicable laws and regulations, and with the Bylaws and Operating Regulations. (6) the surcharge amount shall not exceed the fee defined in Section F.

SECTION D – ATM Operator Completes Lines 27-31 ** PLEASE PRINT CLEARLY**

27. Check Recipient Name (Name of person (or entity) to whom the monthly commission check should be made out)		28. Mailing/Billing Address (What address should your monthly commission check be mailed to)	
29. Corporate/Alternate Phone Number	30. Corporate/Alternate Fax Number	31. City, State, Zip	

SECTION E – ATM Operator Identification (ISO Representative Completes Lines 32-35) ** PLEASE PRINT CLEARLY**

32. By signing below, I certify that the document used to identify this ATM Operator was provided to me and the above identification information is true and accurate and reflects the identity of this ATM Operator.			
33. Signature of Sales Representative for ISO		33. Typed /Printed Name	33. Date
34. Name of Registered ISO / Sales Representative for ISO		35. Processor	

SECTION F – ATM Operator Completes Lines 36- 37 (ISO Completes Lines 38- 49) ** PLEASE PRINT CLEARLY**

36. Surcharge Amount	37. Terminal Phone Number	38. Terminal Manufacturer	39. Terminal Model
40. Terminal Serial Number (# inside the ATM)	41. Terminal ID Number	42. Does this terminal have a Certified Self Encrypting PIN PAD? Yes or No?	43. Encrypting PIN PAD (EPP) Serial Number
44. Is this terminal Triple DES compliant? Yes or No?	45. Is this a Scrip Terminal? Yes or No?	46. Software Version	47. Firmware Version
48. Activating Custodian (1)		49. Activating Custodian (2)	

SIGNATURE OF ATM OPERATOR 	SIGNATURE OF ISO 	SIGNATURE OF BANK _____
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NAME: TITLE: DATE:	NAME TITLE DATE	NAME TITLE DATE
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This section is provided as a reference for completing the Merchant Application/ATM Operator Agreement.		
BUSINESS OWNERSHIP TYPE: Please refer to question 9 in the Merchant Application/ATM Operator Agreement. Your response in that field determines which data for your type of business you are required to provide to complete due diligence.		
Financial Institution	Business Name, Physical Address, FI#-FDIC-NCUA-ASl# [Required only for financial Institutions]	
Public Entity / Non-Profit/ Government Entity	Business Name, Physical Address, Tax ID#	Contact Name, Telephone Number
Sole Proprietor / Partnership/ Non-Public Corporation	Business Name, Physical Address, Tax ID#	Principal Owner Full Name, Physical Home Address, Social Security #, Date of Birth
Public Corporation	Business Name, Physical Address, Tax ID#	Contact Name, Telephone Number
Merchant/ATM Operator	Information Needed	
Merchant or ATM Operator Business	Business Name Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASl#	Complete Section A
ATM Operator Principal	Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth	Complete Section B
Merchant –If a Merchant owns the ATM Location, the Merchant completes Sections A, B, C and D of the Merchant Application/ATM Operator Agreement. Section E and F are completed by the ISO.	ATM Operator – If an ATM Operator owns the ATM placed in a location, and is also the ISO, the ATM Operator must complete Sections A, B, C, D, E and F.	Bank – Bank refers to MetaBank, the sponsor of the ATM terminal and financial transactions on the ATM terminal that may be financially participated in by a Merchant and/or ATM Operator.