



ACH AUTHORIZATION RELEASE

National ATM Wholesale
www.AtmMachines.com
Office: 1-866-295-2329
Fax: 678-623-3471

1.) NAME _____ PHONE # _____
FAX # _____ MAILING ADDRESS _____
S/N # _____ DRIVERS LICENESE # _____ ISSUING STATE _____

2.) LOCATION NAME _____ CONTACT _____
PHONE # _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EQUIPMENT _____ MODEL _____ SURCHARGE _____

ISO - NATIONAL ATM WHOLESALE., PHONE: 404-315-0155 FAX: 678-623-3471

NATIONAL ATM WHOLESALE REP. _____ SIGNATURE _____

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(TYPE OR PRINT)

Bank Name _____
Routing and Transit # _____ Account # _____
Signature _____ Title _____

1. _____ (“Customer”) authorizes Columbus Data Services, (“CDS”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS 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 affected through the Federal Reserve System automated clearing house (ACH) system.

Principal/Owner (signature): _____ Date: _____

ATTACH 1 VOIDED CHECK OR A BANK LETTER