



ACH AUTHORIZATION RELEASE

Fax or mail to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801
Phone: 1-877-624-ATMS Fax: 1-866-757-2132

_____ (“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.

Settlement Disputes

Customer shall audit and balance the data contained in the periodic statements and reports provided by CDS and shall promptly, but in no event more than 30 days after the date of the disputed item, notify CDS in writing (the “Notice Date”) of any disputed item or items on such periodic statements and reports. If CDS determines that the disputed or missing item was credited or debited in error by CDS, CDS shall correct the error. Notwithstanding, CDS shall not be liable for any recovery, reimbursement or otherwise of any amounts over 30 days prior to the Notice Date. CDS will, however, use its commercially reasonable efforts to recover any amounts prior to such 30-day period. CDS shall not be liable for any damages, interest or costs associated with the error other than correcting the error.

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

Authorized by (signature of customer): _____ Date: _____

Print Name: _____

Daily Cash Settlement Account Information

Financial Institution / Bank Name: _____

Address: _____

City, State, and Zip Code: _____

Banking Contact Name: _____ Phone Number: _____

Routing/Transit Number (9 digits): _ _ _ _ _

Account Number: _____

Business Name as it Appears on the Account

*** This form **MUST** be accompanied by a **pre-printed** voided check !!

(check must be pre-printed with company name or customer name and cannot be a “starter check”). If no pre-printed check then a letter from the Bank to which the funds are settling referencing the Customer’s name, routing number, and account number is required. See “Sample Bank Letter” from FORMS section of website.

ATTACH VOIDED CHECK HERE