

SETTLEMENT DISTRIBUTION FORM

Fax or email to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801 Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

ISO Participant / Affiliate: A	OS / Convenience	ATMs, Inc			
Date: N	ew Set-up: (ofc only)	Change: (ofc only)	Terminal ID	: (ofc only)	
Name of Location Where ATM	is Being Placed:				
Street Address Where ATM is	Being Placed:				
City, State, and Zip:					
Cash Replenishment Settlement	Information: (provide the l	oank account information wh	ere the ATM mor	ney withdrawn	will be replenished)
Customer Name	Routing #	Routing # A			Checking or Savings
					Checking Savings
Surcharge Settlement Information above, it may also be split between 2		it information where the ATM	A surcharge fees	will be routed, t	this may be the same as
Customer Name	Routing #	Account #	Split \$ or %	Frequency daily / monthly	Checking or Savings
				·	Checking Savings
					Checking Savings
					Checking Savings
** Each account listed above mu the appropriate copies of voided pr preprinted check(s) or bank letter. letter must accompany the ACH for already on file or submitted with the ISO Participant / Affiliate (Conve-	re-printed check(s) OR have If the check(s) do not conta rm (see FORMS section of his form you may experience	a previously submitted ACI in the name and address of twww.convenienceatms.come delays in processing.	H Authorization the account hold	Form along w ler pre-printed	with appropriate copies of on the check, then a bank
Interchange Information: Customer Name	Routing #	Accoun	nt#	\$ or %	Checking or Savings
O BOOM TIMING	1	770000	"	4 01 70	Checking Savings
					Checking Savings