



**ACH FORM**  
*(TID Cannot be issued unless form is filled out ENTIRELY)*

628 Route 10  
Whippany, NJ 07981  
Tel: 973-599-0600  
Fax: 973-599-0605

**Location Name:** \_\_\_\_\_  
(This name will appear on ATM receipts)

Location Address: \_\_\_\_\_  
*No. Street City State Zip*

Location Contact: \_\_\_\_\_

**Location Owner Name:** \_\_\_\_\_  
*First Last*

Email address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ or Soc. Sec #: \_\_\_\_\_

**\*\*Machine Vaulter:** \_\_\_\_\_ Machine S/N: \_\_\_\_\_

Surcharge Amount: \_\_\_\_\_ Machine Type: \_\_\_\_\_

Dealer/Rep Comm: \_\_\_\_\_

Merchant Comm: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Bank Account Type: CHECKING SAVINGS

Account Number: \_\_\_\_\_

**\*\*\*The Monthly commissions will be directly deposited into the vaulting account provided unless otherwise stated\*\*\***

**\*\*\*Anyone receiving commission must provide a voided check or bank letter for ACH transfer & a signed ACH Authorization Form\*\*\***

(Vaulter) \_\_\_\_\_ hereby authorizes Access To Money to initiate ACH transfer for the following:  
adjustments, error corrections, daily settlements, maintenance and monthly commission. These entries will be made through  
our Demand Deposit Account at \_\_\_\_\_.  
(bank name)

**X** \_\_\_\_\_  
(Customer Signature - Machine Vaulter)

**X** \_\_\_\_\_  
(Company Name & Date)

**Access To Money**  
(Distributor)

**X** \_\_\_\_\_  
(Sales Representative & Date)

**• PLEASE INCLUDE VOIDED CHECK WITH THIS FORM •**



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**ATM Owner Business**

Business Name

DBA Name

Business Physical Address:

No. Street (p.o. box not allowed)

City

State

ZIP

Owner Tel #:

Please write business mailing address here, if different than physical address

**\*For Business Type please inquire with your sales rep or refer to FAQ's\***

Business Type: Sole Proprietor Partnership Corporation Public Corporation Non-Public  
Gov't Entity Non-Profit Financial Institution Money Services Business

Federal Tax ID #:

FI#:

Financial Institutions only

Ownership %:

\*If Multiple Owners Please complete this form for Each\*

(Required if Partnership or Corporation-Non Public are chosen as a "Business Type")

Political Exposed Person?

YES

NO

(A PEP is a current or former elected official in a Foreign Country)

Access To Money is a principled company seeking growth through long-term trusting relationships with its merchants and distributors. By signing signing below you are expressing an understanding of the following:

- Access to Money expects the highest professional and ethical behavior from its distributors and expressly prohibits: overpricing; promising unreasonable ATM performance; misrepresenting lease obligations or terms of the merchant agreement; side deals, such as guarantees of revenue streams; false or misleading information on documents.
- By signing, applicant authorizes Access To Money, in accordance with Visa/MasterCard regulations, to conduct a credit and/or criminal background check.

All information MUST be filled out completely.

Below information ONLY required for Corp. Non-Public, Partnership, & Sole Proprietor.

**ATM Owner Principal**

First Name, Middle Initial

Last Name

Physical Home Address:

No. Street (p.o. box not allowed)

City

State

ZIP

Owner Tel #:

Please write home mailing address here, if different than physical address

County of Residence:

US Citizen:

YES

NO

Soc. Sec. #:

If No what Country:

Date of Birth:

Owner Fax #:

Contact ID Type:

Mobile #:

Specify driver's license or state issued id

Contact ID #:

Contact ID #

Expiration Date:

Your signature authorizes Access To Money or agent to conduct a Criminal Background Investigation and/or a Credit or Financial Inquiry:

Signature

Date

• PLEASE INCLUDE LEGIBLE COPY OF ID WITH THIS FORM •

Access To Money complies with Section 326 of USA Patriot Act. This law mandates that Access To Money verify certain information about you and your company.