ATM Operator Agreement and/or ATM Source of Funds Provider

			Declaration A	Agreement	
Select One:	\bigcirc	Applicant is an Inc	dividual or a Sole F	Proprietor (complete	e Section C)
	Applicant is a Company (complete Section D using information from the Articles of Incorporation)				
Then check	appro	opriate applicant rol	e(s):		
		ator or	C (C).		
ATM Source of Funds Provider or					
_		Operator and ATM		rovider	
PATRIOT ACT DISC laundering activitie When you become	LOSURE s, Feder a custo	: IMPORTANT INFORMATION A al law requires all financial inst	BOUT PROCEDURES FOR BECO itutions to obtain, verify, and address, date of birth, and of	OMING A CUSTOMER – To help record information that identi ther information that will allov	o the government fight the funding of terrorism and money fies each individual or entity who becomes a customer. v us and our sponsor bank, Metabank, National Association
Section A Terminal Deployment Location [Requires completion] 1. Name of Location (Doing Business As)				Physical Street Address of Location	
, ,				•	
3. City, State, Zip of Location				4. Location Phone Number	
5. Business Tax ID Number of Merchant				6.Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)	
7. Merchandise/Services Sold where terminal is deployed				8. Financial Institution Number (FI#, FDIC, NCUA, ASI)	
Section B Deployed Terminal Information [Requires completion] 9. Terminal Identification Number				10. Processor of deployed terminal	
Section C Appli	cant is	an Individual or a Sole Pro	prietor		
11. Applicant First Name				12. Applicant Last Name	
13. Applicant (Home) Physical Street Address				14. Applicant (Home) City, State, Zip	
15. Applicant Social Security Number 16.			16. Applicant Date of Birth	(mm/dd/yyyy)	17. Applicant Home or Mobile Phone Number
		a Company (Partnership, LL			stated on Articles of Incorporation
18. Company Legal Name as stated on Articles of Incorporation					
20. Company City, State, Zip as stated on Articles of Incorporation				21. Company Federal Employer Identification Number (FEIN)	
22. The undersigned A contained in this Applicant u participate - Applicant u participate - The Applica Bank The Applica this Applicant a Master Carc Applicant a Master Carc applicant a regulation Applicant is	Applicant action for noderstan in. (NOT) and is appart acknown and agree attion. The properties of the	r Sponsorship, and any other doc ds that MetaBank, National Assoc E: Cashless, quasi-cash, scrip and olying for an account relationship would be set that the Bank is authorized to observe the set that the Bank is authorized to observe the set that the Bank is authorized to observe the set that the Bank is authorized to observe the set that the Bank is authorized to observe the set that Bank may accept provide any further information, in written request, obtain a completedges that Bank may accept or denomity at all times with applicable etc. Bylaws and Operating Regulateds the Bank may terminate this regulations. at they will indemnify and hold hand regulations, and with the Bylaws as a set they will indemnify and hold hand regulations, and with the Bylaws as set they are set they will indemnify and hold hand regulations, and with the Bylaws as the set they will indemnify and hold hand regulations, and with the Bylaws as the set they will indemnify and hold hand regulations, and with the Bylaws as the set that the se	I Source of Funds Provider") pro umentation supplied thereto, is iation ("Bank") sponsors the ATM I any other point-of-sale (POS) tri with Bank, as an ATM Operator a ing of terrorism and money laund otain Consumer and (if applicable stigate information or data obtain- ed authorization for such Compa cluding financial data, as may be e and accurate disclosure of the y this Application in its reasonable I laws and regulations as well as itons, which Bylaws and Operatin lationship in Bank's sole discretic miless the Bank, the processor, the and Operating Regulations and/of at a sponsored Terminal shall be t affiliated with a cannabis relate	ovides consent to the undersigned true and correct. If Terminal and financial transactions are NOT supported by und/or ATM Source of Funds Providering activities, Bank is required to be Business Credit Reports and to ed from this application. Inv. ereasonably requested by Bank. In ature and scope of the investigated discretion. In banking, regulatory, and networking Regulations may be amended on or in the event that the Application or in the event that the Applications are fair and reasonable and in according to the control of the contro	ed ISO ("ISO") for all the following and affirms that all information ons on the ATM Terminal that the Applicant will financially this agreement) ider sponsored by the Bank. The identity of each person who opens an account with undertake a criminal Background Investigation in connection with the identity of each person who opens an account with undertake a criminal Background Investigation in connection with the identity of each person who opens an account with undertake a criminal Background Investigation in connection with the identity of the identit
Signature				Signature	
Name				Name	

Title/Date

Revised 02/22/2021

Title/Date