

ACH FORM

Location Name:		Contact:	
Address:			
City:	State:	Zip:	Ph:
Customer agrees that it shall, itself or through a third party, keep its terminals sufficient cash, receipt paper, and any and all materials necessary to maintain operation of such terminals. All shortages and adjustments must be reported to CAROLINA ATM within 7 days or customer assumes full liability. Customer further agrees to comply with all electronic-funds-transfer network rules, regulations and requirements. Customer has authority to authorize CAROLINA ATM to process their transactions and enter into this agreement. Customer shall hold CAROLINA ATM harmless and indemnify, including attorney fees, in an event of a claim. Print Name:			
Signature:XDate:			
Funds Settlement Information			
Bank Name/Branch:			
Bank Officer:		Account Name:	
Phone:		71	hecking Savings
Address:		City:	
State: Zip:			
Account Owner:			
Routing # Account #			
Surcharge Account			
Routing# Account #			

Attach Pre-Printed Voided Check

This authorization will not be activated without receipt copy of a pre-printed, voided check, or letter from the above financial institution verifying the routing and account numbers and account name.