

ATM SETUP FORM

ATM Location Information (Part 1)

Location Name _____

DBA _____

Address _____

City _____

State _____

Zip _____

Contact person _____

Phone _____

Fax _____

Location type _____

Time zone _____

Tax ID _____

Merchandise/Services sold _____

Type of Business (circle one) Sole Proprietor,
Partnership, LLC, Corp.

Vault Cash provider information (Part 2)

First Name _____

Last Name _____

Full Leagal Name _____

Home Address _____

City _____

State _____

Zip _____

Social Security Number _____

Driver License #,State,Exp. _____

Date of Birth _____

On parole or probation? _____

Ever been convicted of a felony? _____

Email Address _____

ATM Equipment (Part 3)

ATM Make _____

ATM Model _____

ATM Serial # _____

EPP/SPED Serial # _____

Software Version _____

Firmware Version _____

ATM Phone # _____

What Processor? (Circle one) Coredata, Link,
Columbus Data

Vault Cash Information (Part 4)

Vault Cash Provider's Name _____

Name on Bank Account _____

Authorized Signer Name _____

Bank Name _____

Bank Address _____

Bank City _____

Bank State _____

Bank Zip _____

Bank Phone # _____

Bank Routing # _____

Bank Account # _____

Account Type _____

Please print this form, fill it out and fax to (513)
533-4911.

If the Merchant is going to provide the Vault Cash,
fill out Part 1, Part 2, Part 4 and provide a blank
voided check of the account that the Vault Cash is
to be deposited back to.

If Cincinnati ATM is going to provide the Vault
Cash, fill out Part 1 and provide a blank voided