

# ATM Operator Agreement and/or ATM Source of Funds Provider Declaration Agreement

MetaBank ("Bank") ("ISO") ATM Deployer Services

Select One: ☐ Applicant is an Individual or a Sole Proprietor (complete Section C)

☒ Applicant is a Company (complete Section D using information from the Articles of Incorporation)

Then check appropriate applicant role(s):

☐ ATM Operator or

☐ ATM Source of Funds Provider or

☒ Both ATM Operator and ATM Source of Funds Provider

## Section A Terminal Deployment Location [Requires completion]

|  |  |
|--|--|
| 1. Name of Location (Doing Business As)<br>My Business Name  | 2. Physical Street Address of Location<br>123 Main St.   |
| 3. City, State, Zip of Location<br>Syracuse, NY 13214  | 4. Location Phone Number<br>555-555-5555   |
| 5. Business Tax ID Number of merchant<br>Enter Tax ID Number or Social Security # if there is no TIN               | 6. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution) Enter type of business |
| 7. Merchandise/Services Sold where terminal is deployed<br>Give an example of what you (ie bar = alcohol and food) | 8. Financial Institution Number (FI#, FDIC, NCUA, ASI)<br>Only If Applicable                                       |

## Section B Deployed Terminal Information [Requires completion]

|  |   |
|--|---|
| 9. Terminal Identification Number<br>Syracuse ATM will fill this in - leave it blank | 10. Processor of deployed terminal<br>Syracuse ATM will fill this in - leave it blank |
|--|---|

## Section C Applicant is an Individual or a Sole Proprietor

|   |   |  |
|---|---|--|
| 11. Applicant First Name<br>This is blank bc this form is being filled out by a company                     | 12. Applicant Last Name<br>This is blank bc this form is being filled out by a company                  |  |
| 13. Applicant (Home) Physical Street Address<br>This is blank bc this form is being filled out by a company | 14. Applicant (Home) City, State, Zip<br>This is blank bc this form is being filled out by a company    |  |
| 15. Applicant Social Security Number<br>This is blank bc this form is being filled out by a company         | 16. Applicant Date of Birth (mm/dd/yyyy)<br>This is blank bc this form is being filled out by a company | 17. Applicant Home or Mobile Phone Number<br>This is blank bc this form is being filled out by a company |

## Section D Applicant is a Company (Partnership, LLC, Corporation, Financial Institution)

|   |  |
|---|--|
| 18. Company Legal Name as stated on Articles of Incorporation<br>Fill this in       | 19. Company Address as stated on Articles of Incorporation<br>Fill this in |
| 20. Company City, State, Zip as stated on Articles of Incorporation<br>Fill this in | 21. Company Federal Employer Identification Number (FEIN)<br>Fill this in  |

## Section E Application Declaration of ATM Operator and/or ATM Source of Funds Provider

22. Application Declaration. The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator and/or ATM Source of Funds Provider sponsored by Bank. The undersigned acknowledges that in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. Therefore, the undersigned agrees that Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a Criminal Background Investigation in connection with this Application. Applicant authorizes Bank or any of its agents to investigate information or data obtained from this Application. If the ATM Operator/ATM Source of Funds Provider Applicant is a company, Applicant hereby provides the signed authorization for such Company. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion. Meta Payment Systems, a division of MetaBank ("Bank") sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

## Section F Agreement between ATM Operator/ATM Source of Funds Provider, ISO and Bank

23. In the event this Application is accepted by Bank, the named ATM Operator/ATM Source of Funds Provider, ISO and Bank (collectively, the "Parties") hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator/ATM Source of Funds provider financially participates in. ATM Operator/ATM Source of Funds Provider and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such agreement. (2) The Parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, including but not limited to the Plus Systems, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations may be amended from time to time. (4) ATM Source of Funds Provider and ISO agree to comply at all times with all banking, regulatory and network rules. (5) The Bank may terminate this Agreement in Bank's sole discretion or in the event that either ATM Operator/ATM Source of Funds Provider or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations and/or governing regulations. (6) ATM Operator/ATM Source of Funds Provider and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses or damages arising out of ATM Operator's/ATM Source of Funds Provider's or ISO's failure to comply with this Agreement, with applicable laws and regulations, and with the Bylaws and Operating Regulations and/or governing regulations. (7) The surcharge amount assessed at a sponsored Terminal shall be fair and reasonable and in accordance with Operating Regulations, Bylaws, and/or governing regulations.

|  |                      |                                      |
|--|----------------------|--------------------------------------|
| Signature of ATM Operator/ATM Source of Funds Provider | Signature of ATM ISO | Signature of Sponsor Bank - MetaBank |
| Signature Here   |                      |                                      |
| Name<br>Printed Name Here                              | Name                 | Name                                 |
| Title/Date<br>Your title and the date it was signed    | Title/Date           | Title/Date                           |