

Voltage Management Systems, Inc.

Terminal No _____
 New Change

Location Name _____ Date _____

Location Address _____

City, State ZIP _____ FAX # _____

Location Phone # _____ Contact _____

EMAIL _____ SURCHARGE \$ _____ ATM Type _____

ACH AUTHORIZATION RELEASE

_____ ("Customer") authorizes _____ ("THE PROCESSOR") to initiate ACH Transfer entries and to debit and/or credit the account identified herein for all Processing Services. THE PROCESSOR shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due to THE PROCESSOR by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to THE PROCESSOR and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be effected through the Federal Reserve System automated clearing house (ACH) system.

SETTLEMENT DISPUTES Customer shall audit and balance the data contained in the periodic statements and reports provided by THE PROCESSOR and shall promptly, but in no event more than 30 days after the date of the disputed item, notify THE PROCESSOR in writing (the "Notice Date") of any disputed item or items on such periodic statements and reports. If THE PROCESSOR determines that the disputed item was credited or debited in error by THE PROCESSOR, THE PROCESSOR shall correct the error. Notwithstanding, THE PROCESSOR shall not be liable for any recovery, reimbursement or otherwise of any amounts over 30 days prior to the Notice Date. THE PROCESSOR will, however, use its commercially reasonable efforts to recover any amounts prior to such 30-day period. THE PROCESSOR shall not be liable for any damages, interest or costs associated with the error other than correcting the error.

The undersigned represents and warrants to THE PROCESSOR that (a) the person executing the Authorization is authorized signatory on the Account referenced above and all information regarding the Account and the Account Holder is true and correct.

X Authorized by (Signature) _____ Date _____

Print Name and Title _____ Phone # _____

Daily Cash Settlement Account Information***

***This form **MUST** be accompanied by a printed voided check or a letter from the Bank to which the funds are settling referencing the Customer's name, routing number and account number.

Financial Institution: _____ Contact: _____ Phone # _____

Routing/Transit Number _____ Account Number _____

Business Name as it Appears on the Account _____ CHECKING SAVINGS

TYPE: GL SURCHARGE ACCT VAULT ACCT BOTH OTHER _____

PLEASE EMAIL OR FAX ACH WITH VOIDED CHECK TO:

service@ATMONE.com

Fax: (760) 322-1000

THE PROCESSOR USE ONLY

Date received: _____ Date entered: _____ Entered by: _____