



# First American Payment Systems

301 Commerce St., Suite 2000 • Fort Worth, Texas 76102  
817.317.9100 • Fax: 817.317.9191 • www.first-american.net

FIRST AMERICAN USE ONLY

Participant ID# \_\_\_\_\_ Terminal # \_\_\_\_\_

## ATM SET-UP AGREEMENT

THIS ATM PROCESSING AGREEMENT is made by and between First American Payment Systems, L.P., a Texas limited partnership ("FIRST AMERICAN"), 301 Commerce St., Suite 2000, Fort Worth, TX 76102 and the undersigned ATM Owner, ("OWNER").

### LOCATION INFORMATION

LOCATION NAME:	MAILING ADDRESS:
LOCATION ADDRESS:	CITY/STATE/ZIP:
CITY/STATE/ZIP:	SURCHARGE: <input type="checkbox"/> YES <input type="checkbox"/> NO DOLLAR AMOUNT _____
PHONE #:	FAST CASH: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
COUNTY:	NAME TO APPEAR ON CARDHOLDER STATEMENT: (LESS THAN 15 CHARACTERS)

### OWNERS OR OFFICERS

OWNER #1 NAME:	D.O.B.:	SSN #:	HOME PHONE #:
RESIDENCE ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
FORMER ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
OWNER #2 NAME:	D.O.B.:	SSN #:	HOME PHONE #:
RESIDENCE ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
FORMER ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
SETTLEMENT AND ADJUSTMENT:	ABA #: _____	ACCOUNT #: _____	

### OPEN HOURS

OPEN HOURS	MON	TUE	WED	THU	FRI	SAT	SUN	HOLIDAY
BUSINESS OPENS								
BUSINESS CLOSES								

### ATM INFORMATION

DETAILED DESCRIPTION OF WHERE THE ATM WILL BE PLACED WITHIN THE LOCATION: \_\_\_\_\_  
\_\_\_\_\_

IS ATM LOCATED AT A BANK: <input type="checkbox"/> YES <input type="checkbox"/> NO	ATM MANUFACTURER:	MODEL:
ATM PHONE LINE INSTALLATION DATE: _____	ATM ELECTRICAL OUTLET INSTALLATION DATE: _____	
CARTRIDGE 1:	DENOMINATION OF BILLS TO BE USED: \$ _____	
CARTRIDGE 2:	TYPE OF MEDIA:	PER ITEM AMOUNT OF MEDIA: \$ _____
CARTRIDGE 3:	TYPE OF MEDIA:	PER ITEM AMOUNT OF MEDIA: \$ _____
CARTRIDGE 4:	TYPE OF MEDIA:	PER ITEM AMOUNT OF MEDIA: \$ _____
MAXIMUM AMOUNT PER WITHDRAWAL: \$ _____		
TIME ZONE:	OBSERVES DAYLIGHT SAVINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST AMERICAN USE ONLY

SALES CONSULTANT: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ REP#: \_\_\_\_\_