

Merchant Application and ATM Operator Agreement ("ISO")

| MetaBank ("Bank") SECTION A – Application | n: Merchant/ATM Operator Cor | mpletes Lines 1-1 | 10 ** PLEASE PRINT CLEARLY |
|--|--|---|--|
| 1. Name of Location (Doing Business As) | | 2. Physical Street Address | ss of Location |
| 3. City, State Zip | | 4. Location Phone Number | er 5. Location Fax Number |
| 6. Business Tax ID Number | 7. Financial Institution Number (FI #, FDIC, NCUA, ASI) | 8. Email Address of Busin | ness Principal |
| 9. Type of Business (Sole Proprietor, Partne | ership, LLC, Corporation, Financial Institution) | 10. Merchandise/Services | s Sold |
| SECTION B – Application | n: ATM Operator Completes Li | nes 11 - 26 | ** PLEASE PRINT CLEARLY |
| 11A. ATM Operator Principal First Name | 11B. ATM Operator Principal Last Name | | pal "FULL" Legal Name (if same as 10-11, write "Same") |
| 13. ATM Operator Principal Home Street Ad | dress | 14. ATM Operator Principa | pal City, State, Zip |
| 15. ATM Operator Principal Social Security Number | | 16. ATM Operator Principal Driver License Number, Issuing State and Expiration Date | |
| 17. ATM Operator Principal Date of Birth | | 18. Any other names by which you are now or have been known: | |
| 19. Are you on parole or probation? Yes or No? | 20. Have you ever been convicted of a felony? Yes or No? | 21. Percentage of Owners | rship held by above named ATM Operator Principal |
| | own or control [10%] or more of ATM Operator? | | s Yes, such person/entities are deemed Other Principals. Please include details regarding every Other Principal, on a separate ATM Operator Agreement. |
| Applicant hereby applies for an account rel activities, Bank is required to verify the ident Reports and to undertake a Criminal Backgr there is more than one Principal indicated a as may be reasonably requested by Bank acknowledges that Bank may accept or den | lationship with Bank, as an ATM Operator sponsored ity of each person who opens an account with Bank. ound Investigation in connection with this Application, bove, Applicant hereby provides the signed authorizal Applicant may, upon written request, obtain a country of the state of the s | d by Bank. The undersigned Therefore, the undersigned a Applicant authorizes Bank o tion for such Other Principals | r Sponsorship, and any other documentation supplied thereto, is true and correct, d acknowledges that in order to fight the funding of terrorism and money launde agrees that Bank is authorized to obtain Consumer and (if applicable) Business C or any of its agents to investigate information or data obtained from this Applicatio s as well. Applicant agrees to provide any further information, including financial osure of the nature and scope of the investigation requested hereunder. Appli |
| 25. SIGNATURE OF ATM OPERATOR PRI | NCIPAL / DATE | | |
| Meta Payment Systems, a division of MetaB | ank, ("Bank") sponsors the ATM Terminal and financia | al transactions on the ATM Te | erminal that you financially participate in. |
| SECTION C - AGREEME | NT BETWEEN Merchant/ATM (| OPERATOR, ISO | AND BANK Line 26 |
| ATM Terminal(s) and to abide by the terms with all system and network rules, including time to time; (4) The Bank may terminate Regulations; (5) ATM Operator and ISO wi Network Members, from and against any an and Operating Regulations. (6) the surcharg | of such separate agreement; (2) The parties agree at g but not limited to the Plus System, Inc., MasterCarc this Agreement in Bank's sole discretion or in the e Il indemnify and hold harmless the Bank, the proces | t all times to comply with appl d/Cirrus, etc. Bylaws and Ope- vent that either ATM Operato ssor, the Networks you partici perator's or ISO's failure to co | ney have signed a separate agreement governing the placement and operation of oblicable laws and regulations. (3) ATM Operator and ISO agree to comply at all tile teating Regulations, which Bylaws and Operating Regulations may be amended to ror ISO fail to comply with this Agreement and/or with the Bylaws and Operacipate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) comply with this Agreement, with applicable laws and regulations, and with the Bylaws and PLEASE PRINT CLEARLY |
| • | n (or entity) to whom the monthly commission check | 28. Mailing/Billing Address | ss (What address should your monthly commission check be mailed to) |
| 29. Corporate/Alternate Phone Number | 30. Corporate/Alternate Fax Number | 31. City, State, Zip | |
| SECTION E – ATM Opera | tor Identification (ISO Represe | entative Complet | tes Lines 32-35) ** PLEASE PRINT CLEARLY |
| | • • • | | ation information is true and accurate and reflects the identity of this ATM Operator |
| 33. Signature of Sales Representative for IS | 0 | Typed /Printed Name | Date |
| 34. Name of Registered ISO / Sales Represe | entative for ISO | 35. Processor | |
| SECTION F — ATM Opera 36. Surcharge Amount | tor Completes Lines 37- 38 (IS | 38. Terminal Manufacture | |
| 40. Terminal Serial Number (# inside the AT | M) 41. Terminal ID Number | | ave a Certified Self Encrypting 43. Encrypting PIN PAD (EPP) Serial Number |
| 44. Is this terminal Triple DES compliant? Ye | es or 45. Is this a Scrip Terminal? Yes or No? | PIN PAD? Yes or No? 46. Software Version | 47. Firmware Version |
| No? 48. Activating Custodian (1) | | 49. Activating Custodian (| (2) |
| | | | |
| SIGNATURE OF ATM OPERATOR | SIGNATURE OF ISO | | SIGNATURE OF BANK |
| NAME. | | | NAME |
| NAME: TITLE: DATE: | NAME TITLE DATE | | NAME TITLE DATE |

| This section is provided as a reference f | or completing the Merchant Application/ATM Operator A | greement |
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| This coulon is provided as a relevance. | or completing the Merchant Application (7) | groomona |
| | e refer to question 9 in the Merchant Application/ATM Opequired to provide to complete due diligence. | perator Agreement. Your response in that field determines which |
| | | |
| Financial Institution | Business Name, Physical Address, FI#-FDIC-NCUA-ASI# [Required only for financial Institutions] | |
| Public Entity / Non-Profit/ Government Entity | Business Name, Physical Address, Tax ID# | Contact Name, Telephone Number |
| Sole Proprietor / Partnership/ Non-Public Corporation | Business Name, Physical Address, Tax ID# | Principal Owner Full Name, Physical Home Address, Social Security #, Date of Birth |
| Public Corporation | Business Name, Physical Address, Tax ID# | Contact Name, Telephone Number |
| Merchant/ATM Operator | Information Needed | |
| Merchant or ATM Operator Business | Business Name Business dba Name Physical Address (No PO Box) Type of Ownership Tax ID# FI#-FDIC-NCUA-ASI# | Complete Section A |
| ATM Operator Principal | Principal Full Name Physical Address (No PO Box) Social Security # Date of Birth | Complete Section B |
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| Merchant –If a Merchant owns the ATM Location, the Merchant completes Sections A, B, C and D of the Merchant Application/ATM Operator Agreement. Section E and F are completed by the ISO. | ATM Operator – If an ATM Operator owns the ATM placed in a location, and is also the ISO, the ATM Operator must complete Sections A, B, C, D, E and F. | Bank – Bank refers to MetaBank, the sponsor of the ATM terminal and financial transactions on the ATM terminal that may be financially participated in by a Merchant and/or ATM Operator. |
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