

Exhibit 3



191 Lost Lake Lane
Campbell, CA 95008

Phone: 800-299-3035
Email: service@atmconcepts.com

ACH Authorization Form

Vault Cash Surcharge Both (Vault and Surcharge)

Location Name: _____

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

_____ (herein referred to as Customer) authorizes ATM Concepts, Inc. and/or its designated processor, assignees or agents (herein referred to as ATMC) to initiate ACH transfer entries and to debit and/or credit the identified herein for all processing services. This authorization shall remain in effect unless and until ATMC has received written notification from Customer that this authorization has been terminated in such time and matter to allow ATMC to act. ATMC shall have the right to credit and debit Account for the settlement of Terminal transaction and transaction adjustments on behalf of Customer.

Customer agrees that it shall, itself or through a third party, keep its Terminals supplied with sufficient cash, receipt paper, and any and all materials necessary to maintain operation of such Terminals. All shortages and adjustments must be reported to ATMC within seven days or Customer assumes full liability. Customer has the authority to authorize ATMC to process their ATM transactions and enter into this agreement. Customer shall hold ATMC harmless and indemnify including attorney fees, in the event of a claim.

Signature: _____

Date: _____

FUNDS SETTLEMENT INFORMATION

Bank Name: _____

Account Name: _____

Account Type: Business Personal

Account Type: Checking Savings

Account Owner: TPSR Terminal Owner Terminal Manager

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Routing #

Account#

Please remember to send a copy of a voided check on a separate piece of paper.

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