

ACH AUTHORIZATION RELEASE

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

Settlement Disputes

Terminal Manager shall audit and balance the data contained in the periodic statement provided by ATM Concepts and shall promptly, but in no event more than 30 days after the date of the disputed item, notify ATM Concepts in writing (the “Notice Date”) of any disputed item or items on such periodic statement. If ATM Concepts determines that the disputed item was debited in error by ATM Concepts, ATM Concepts shall correct the error. Notwithstanding, ATM Concepts shall not be liable for any recovery, reimbursement or otherwise of any amounts over 30 days prior to the Notice Date. ATM Concepts will, however, use its commercially reasonable efforts to recover any amounts prior to such 30-day period. ATM Concepts 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 ATM Concepts 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, correct, and **legible**.

Address: _____

City/State/Zip: _____

E-mail: _____ Phone Number: _____

Print Name: _____

Signature: _____ Date: _____

Daily Cash Settlement Account Information***

***** Provide a printed voided check or a letter from the Bank to which the funds are settling referencing the Terminal Manager’s name, routing number and account number.**

Financial Institution: _____

Routing/Transit Number: _____

Account Number: _____

Business Name as it Appears on the Account

ACH form v12.11.2025

Account Holder Type

- ☐ Personal
- ☐ Business

Account Type

- ☐ Checking
- ☐ Savings