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## NEW TERMINAL AND TERMINAL CHANGE SETUP FORM

V.15.11.01

### SERVICE REQUESTED

<input type="checkbox"/> <b>NEW TERMINAL</b>  <input type="checkbox"/> CDS <input type="checkbox"/> SWITCH <input type="checkbox"/> WorldPay Desired Date of Activation	<b>◀ New Terminal or Terminal Change ▶</b>	<input type="checkbox"/> <b>TERMINAL CHANGE</b> Location Name Terminal ID Desired Date of Change
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**Complete ALL sections below for a New Terminal. Complete ONLY sections below that pertain to a Terminal Change.**

### ATM LOCATION INFORMATION

Location Name	<b>LOCATION TYPE</b>			
Street Address	<input type="checkbox"/> C-Store	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Grocery/Drug	<input type="checkbox"/> Entertainment
City	<input type="checkbox"/> Other:	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Store
State	<input type="checkbox"/> Event (the Location Name above must list "Event ATM")			
Zip				
Location Contact				
Telephone	<b>Business Hours :</b>		Mon-Fri	Sat-Sun
Email Address				
Expected Monthly Txn/Vol \$ :	\$	<b>Cash Load Frequency (daily, weekly, monthly):</b>		

### ATM SPECIFICATIONS

#### EQUIPMENT

<input type="checkbox"/> Hyosung	<input type="checkbox"/> Hantle/Tranax	<input type="checkbox"/> Triton	<input type="checkbox"/> GenMega	<input type="checkbox"/> NCR/Tidel	<input type="checkbox"/> Other : _____
Model	Serial Number	ATM Telephone or Wireless Serial #	Standard 1 <input type="checkbox"/>	Standard 3 <input type="checkbox"/>	Enhanced Std 1 <input type="checkbox"/>
			(CDS Only) <input type="checkbox"/> <input type="checkbox"/> EMV Enabled (CDS Only)		

#### EQUIPMENT COMPLIANCE

<input type="checkbox"/> Machine meets/exceeds 2010 ADA standards	<input type="checkbox"/> Braille Decals Affixed	<input type="checkbox"/> MetaBank Fee Notice Decal Affixed
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### ATM REVENUES

Surcharge Rate \$ _____	Surcharge Allocation	Surcharge Settlement	<i>Office Use Only</i>			
Payee	\$ Amount	Daily Direct Deposit <input type="checkbox"/>	Monthly Check <input type="checkbox"/>	WTR	TBR	F
Payee	\$ Amount	Daily Direct Deposit <input type="checkbox"/>	Monthly Check <input type="checkbox"/>	WTR	TBR	F
Payee	\$ Amount	Daily Direct Deposit <input type="checkbox"/>	Monthly Check <input type="checkbox"/>	WTR	TBR	F

**IMPORTANT ▶ It is recommended that Payees who are Merchants select the "Monthly Check" Surcharge Settlement above. An ACH Authorization Agreement is required to be attached to this form for the Vault Cash Account as well as for each "Daily Direct Deposit" Surcharge Settlement Payee chosen above.**

**\*\*\*An IRS W-9 Form must be attached to this Setup Form\*\*\***

### WEB MONITORING (if desired)

User Full Name	Email Address for User (required for Web Monitoring)		
<input type="checkbox"/> I would like to receive alerts for terminal inactivity	# of Hours Inactivity (select one) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 48	Email Address for Alerts (required if Alerts have been activated)	
<input type="checkbox"/> I would like to receive low cash alerts	Minimum Alert Amount \$	Email Address for Alerts (required if Alerts have been activated)	

### SETUP NOTES (if any)

### AUTHORIZATION

Please describe special instructions:	Requested By
	Signature _____ Date _____

**\*\*\*Disclaimer: By signing above "you" the owner, operator of this ATM terminal are responsible for any and all ATM compliance (EMV, ADA, Fee notice, etc.) eGlobal will not be held responsible for any fees, fines or litigation brought on by failing to adhere to Network, Processor and Government regulations\*\*\***

Email or Fax Completed Documents to [atmsetup@eglobal.com](mailto:atmsetup@eglobal.com) or (801) 991-7321