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NEW TERMINAL AND TERMINAL CHANGE SETUP FORM

V.17.06.01

SERVICE REQUESTED			
<input type="checkbox"/> NEW TERMINAL <input type="checkbox"/> CDS <input type="checkbox"/> SWITCH <input type="checkbox"/> WorldPay	◀ New Terminal or Terminal Change ▶	<input type="checkbox"/> TERMINAL CHANGE Location Name _____ Terminal ID _____ Desired Date of Change _____	
Desired Date of Activation _____			

Complete ALL sections below for a New Terminal. Complete ONLY sections below that pertain to a Terminal Change.

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

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 Standard 1 (TCP/IP or Wireless Only) <input type="checkbox"/> <input type="checkbox"/> EMV Enabled <input type="checkbox"/> DCC Enabled

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

ATM REVENUES			
Surcharge Rate \$ _____	Surcharge Allocation	Surcharge Settlement	Office Use Only
Payee _____	\$ Amount _____	Daily Direct <input type="checkbox"/> Monthly Check <input type="checkbox"/>	WTR TBR F
Payee _____	\$ Amount _____	Daily Direct <input type="checkbox"/> Monthly Check <input type="checkbox"/>	WTR TBR F
Payee _____	\$ Amount _____	Daily Direct <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 or (801) 991-7321