



Instructions on How To Fill Out Syracuse ATM Processing Paperwork

NOT AN ATM OPERATOR BUT GETTING A COMMISSION:

If you are processing your ATMs with Syracuse ATM and Syracuse ATM is responsible for filling the ATM and providing vault cash, but you will be getting a monthly commission then you only need to fill out a single form: ***The ACH Release form (ACH_Release_Form.pdf)***

How to Fill out the ACH Release Form (ACH_Release_Form.pdf)

This form was downloaded with this zip file. The name of it is ACH_Release_Form.pdf. Double click on the form to open it. Once the form is open you can print it and fill it out manually. Don't forget to sign it!

Once it is filled in you will need to either email (Kathryn@syracuseatm.com) or fax (610-466-8405) back a copy ALONG WITH a pre-printed voided check. If no checks are available (starter checks will not suffice) then a letter from the bank (on bank letterhead) referencing the Customer's name, routing number and account number stating that the account is in good standing must be provided.

Once the form and check or bank letter is provided your account will be able to receive funds.

****No funds will be able to be moved to the account without this form and either a check or bank letter.***



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AN ATM OPERATOR AND VAULT CASH PROVIDER:

If you are an ATM operator and will be processing with Syracuse ATM you will need to fill out two forms. One is the **ACH Release form (ACH_Release_Form.pdf)**. The other is the **ATM Operator / Source of Funds Provider agreement (SOFPA_ATMOperatorAgreement.pdf)**.

How to Fill out the ACH Release Form (ACH_Release_Form.pdf)

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Once it is filled in you will need to either email (Kathryn@syracuseatm.com) or fax (610-466-8405) back a copy ALONG WITH a pre-printed voided check. If no checks are available (starter checks will not suffice) then a letter from the bank (on bank letterhead) referencing the Customer's name, routing number and account number stating that the account is in good standing must be provided.

Once the form and check or bank letter is provided your account will be able to receive funds.

****No funds will be able to be moved to the account without this form and either a check or bank letter.***

How to Fill out the the ATM Operator / Source of Funds Provider agreement (SOFPA_ATMOperatorAgreement.pdf).

This form was downloaded with this zip file. The name of it is SOFPA_ATMOperatorAgreement.pdf. Double click on the form to open it. Once the form is open you can either fill it out electronically and then print it or print it and fill it out manually. Either way, don't forget to sign it!

There is an example form filled out for you included in this zip file. The vast majority of those filling out the form will be doing so as an unincorporated entity, for example as an individual or sole proprietor.

Please see the example form that applies to your specific situation.

How to Fill out this form:

At the top of the form select either:

Applicant is an Individual or Sole Proprietor (check this if you are not using your articles of incorporation to identify as the ATM operator)

Or



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Applicant is a Company (check this if you are using your articles of incorporation to identify as the ATM operator)

Then check which roles this form will be filled out for. By and large it will almost always be used for **BOTH ATM Operator and ATM Source of Funds Provider**. If that is not the case we will work with you if you need help filling out forms for each.

Sections:

Section A: Everyone needs to fill out Section A.

Section A:

1. Name of Location (what you want the patrons to see listed on their account when they take money out of your location).
2. Actual street address where ATM will be located
3. Actual city, state, zip address where ATM will be located
4. Phone number of establishment where ATM will be located (cell will suffice if not applicable)
5. Either the Tax ID number of the business or the Social Security number of the ATM operator.
6. Type of business (sole proprietor/DBA, LLC, Partnership, Corp, etc.)
7. Type of business (restaurant, bar, Laundromat, etc)
8. Financial Institution Number: Only if Applicable.

Section B: Leave Blank – Syracuse ATM will fill that out.

Section C: Fill this out ONLY if applying as an individual (ie not using articles of incorporation)

Section D: Fill this out ONLY if applying as a company (ie using articles of incorporation)

DO NOT FILL OUT BOTH SECTION C AND D! CHOOSE ONE.

Sign at the bottom under Signature of ATM Operator/ATM Source of Funds Provider

*For those filling out Section C (non-corporations) this form needs to be accompanied by a copy of the drivers license of the person listed as the ATM Operator. (a picture, pdf or faxed copy will suffice)

*For those filling out Section D (corporations acting as such) this form need to be accompanied by a copy of your article of incorporation. (A pdf or faxed copy will suffice)

Once this form is filled in you will need to either email (Kathryn@syracuseatm.com) or fax (610-466-8405) . Once both forms have been received the ATM will be placed in service.