



1740 Cofrin Drive Suite 2 • Green Bay WI 54302 • 800-233-3776 • Fax: (920) 321-1667

ATM ACH AUTHORIZATION RELEASE

TERMINAL INFORMATION:

Terminal Number _____ Effective Date _____

Add Delete Change

ISO Number _____

ISO Name _____

Other Associated Parties _____

TERMINAL LOCATION INFORMATION:

Legal Business Name of Terminal Location _____

Physical Address of the Terminal _____

City _____ State _____ Zip _____

The undersigned authorizes 1st ISO Processing to credit or debit its accounts for the following items:

- Daily transaction settlement
- Settlement error corrections
- Adjustments
- Fees
- Income distribution

The credits and debits pursuant to the agreement will be affected through the Federal Reserve automated clearing house system.

ACCOUNT INFORMATION: *(this form must be accompanied by a voided check or bank letter)*

Financial Institution Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Business Name (as it appears on the account) _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

Has the Account Owner Changed? Yes No

Undersigned represents and warrants to 1st ISO Processing the person executing the release is an authorized signatory on the account reference above and all information regarding the account and the account holder is true and correct. **Please sign, date, and send back by fax or U.S. Postal Mail only.**
Please ensure voided check is attached.

Account Owner Signature _____ Date _____

Print Name _____ Title _____