

INCOME DISTRIBUTION

TERMINAL INFORMATION:

Terminal Number _____ Effective Date _____

Add Delete Change

Legal Business Name of Terminal Location _____

Physical address of terminal _____

City _____ State _____ Zip _____

CASH ACCOUNT INFORMATION:

Business Name (as it appears on the account) _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

Combine Settlement by: Terminal (single deposit per terminal) Account (single deposit per account)

SURCHARGE ACCOUNT INFORMATION:

Business Name (as it appears on the account) _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

Rate \$ _____ % _____ Daily Monthly

Combine Settlement (daily only) by: Terminal (single deposit per terminal) Account (single deposit per account)

INTERCHANGE ACCOUNT INFORMATION:

Business Name (as it appears on the account) _____

Routing Number and Transit Number _____ Account Number _____

Account Type: Checking Savings

Qualifying Type:

Valid Withdrawals

All Transactions

Inquiry

Transfer

Valid Withdrawals w/ Surcharge

All Denied

Rate \$ _____ % _____

Signature: _____

Date: _____