

ATM Operator Agreement and/or ATM Source of Funds Provider Declaration Agreement

MetaBank (“Bank”) (“ISO”)

Check appropriate applicant role(s):

ATM Operator or ATM Source of Funds Provider or Both ATM Operator and ATM Source of Funds Provider

Section A Terminal Deployment Location

1. Name of Location (Doing Business As)	2. Physical Street Address of Location
3. City, State, Zip of Location	4. Location Phone Number
5. Business Tax ID Number of merchant	6. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)
7. Merchandise/Services Sold where terminal is deployed	8. Financial Institution Number (FI#, FDIC, NCUA, ASI)

Section B Deployed Terminal Information

9. Terminal Identification Number	10. Processor of deployed terminal
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Section C Applicant is an Individual

11. Applicant First Name	12. Applicant Last Name
13. Applicant (Home) Physical Street Address	14. Applicant (Home) City, State, Zip
15. Applicant Social Security Number	16. Applicant Date of Birth (mm/dd/yyyy)
17. Applicant Drivers License (Passport) Issuance Date	18. Applicant Drivers License (Passport) Expiration Date
19. Applicant Drivers License Number (Passport Number)	20. Applicant Drivers License Issuing State (Passport Issuing Country)
21. Percentage of Ownership held by Applicant	22. Any other names (first and last) by which Applicant is now or has been known.
23. Applicant: Have you ever been convicted of a felony? Yes No	24. Applicant: Are you on parole or probation? Yes No

Section D Applicant is a Company and Principals

25. Applicant Company (legal) Name	26. Applicant Company Physical Street Address
27. Applicant Company City, State, Zip	28. Applicant Company Federal Employer Identification Number (FEIN)
29A. Principal #1 of Company: First and Last Name	29B. Principal #1 of Company: Percent of Ownership
29C. Principal #1 of Company: Physical (Home) Street Address	29D. Principal #1 of Company: (Home) City, State, Zip
29E. Principal #1 of Company: Date of Birth (mm/dd/yyyy)	29F. Principal #1 of Company: Social Security Number
30A. Principal #2 of Company: First and Last Name	30B. Principal #2 of Company: Percent of Ownership
30C. Principal #2 of Company: Physical (Home) Street Address	30D. Principal #2 of Company: (Home) City, State, Zip
30E. Principal #2 of Company: Date of Birth (mm/dd/yyyy)	30F. Principal #2 of Company: Social Security Number

Section E Application Declaration of ATM Operator and/or ATM Source of Funds Provider

31. Application Declaration. The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator and/or ATM Source of Funds Provider sponsored by Bank. The undersigned acknowledges that in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. Therefore, the undersigned agrees that Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a Criminal Background Investigation in connection with this Application. Applicant authorizes Bank or any of its agents to investigate information or data obtained from this Application. If there is more than two Principal indicated, Applicant hereby provides a separate signed authorization for such other Principals as well. If the ATM Operator/ATM Source of Funds Provider Applicant is a company, Applicant hereby provides the signed authorization for such Principals as well. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion. Meta Payment Systems, a division of MetaBank (“Bank”) sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

Section F Agreement between ATM Operator/ATM Source of Funds Provider, ISO and Bank

32. In the event this Application is accepted by Bank, the named ATM Operator/ATM Source of Funds Provider, ISO and Bank (collectively, the “Parties”) hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator/ATM Source of Funds Provider financially participates in. ATM Operator/ATM Source of Funds Provider and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such agreement. (2) The Parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, including but not limited to the Plus Systems, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations may be amended from time to time. (4) ATM Source of Funds Provider and ISO agree to comply at all times with all banking, regulatory and network rules. (5) The Bank may terminate this Agreement in Bank’s sole discretion or in the event that either ATM Operator/ATM Source of Funds Provider or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations and/or governing regulations. (6) ATM Operator/ATM Source of Funds Provider and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses or damages arising out of ATM Operator’s/ATM Source of Funds Provider’s or ISO’s failure to comply with this Agreement, with applicable laws and regulations, and with the Bylaws and Operating Regulations and/or governing regulations. (7) The surcharge amount assessed at a sponsored Terminal shall be fair and reasonable and in accordance with Operating Regulations, Bylaws, and/or governing regulations.

Signature of ATM Operator/ATM Source of Funds Provider	Signature of ATM ISO	Signature of Sponsor Bank
Name	Name	Name
Title/Date	Title/Date	Title/Date