

Exhibit 4

ATM Installation Form



For a new terminal ID, fax this completed form to 877.327.2939

Processor: FIS® Switch Commerce WorldPay®

Connection: Dial-up DSL/Broadband Wireless

Program Participation: AllPoint® DCC Digital Donations DOLLAR\$TOP®
 Mastercard Cash Pick-Up™ (formerly Pin4) NYCE® Cardless Cash Popmoney®

ATM Location Name:

Address:

City:

State:

Zip:

Contact Name:

Phone:

Contact Name Email:

ATM Make:

ATM Model:

Standard 3 (recommended)
 Standard 1

EMV Compliant: Y N

ATM Ownership: Market Partner (MP) Other* **Must Submit an Exhibit 2 form for Non-MP Owned ATMs*

MP Business Name:

MP Signature:

Date:

PLEASE NOTE: An Exhibit 2, 3, and a Preprinted Voided Check or Bank Letter is REQUIRED for each Account Listed.

Vault Cash
Routing / Account #:

Daily Surcharge Distribution

(Monthly Statements or Tiered Surcharge Must Fill out Exhibit 8)
(Must Submit a W-9 for all Monthly Payments)

Variable Surcharge

Total Surcharge:	<input type="checkbox"/> Fixed: \$	<input type="checkbox"/> Variable: Floor \$	Percentage	%	
Split	Routing # / Account #	Amount	% Amount	Floor Amt	Monthly
1st Surcharge Account					<input type="checkbox"/>
2nd Surcharge Account					<input type="checkbox"/>
3rd Surcharge Account					<input type="checkbox"/>