



Cypress Advantage
Your ATM Alliance
800-723-3163

**ATM Terminal Profile
and Settlement Form**
(ALL FIELDS ARE REQUIRED)

NEW TERMINAL **OR** **CHANGE TO CURRENT TID:** _____

Location

Location Name: _____ DBA: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Location Type: _____

Equipment

Terminal Manufacturer: _____ Model: _____ Serial No: _____

Modem Type: _____ Modem Serial Number (ESN OR MEID): _____

Cash Replenishment and Reg. E Settlement Information: Include an ATM Operator Agreement for this party

Vault

Name on Account	Routing #	Account #	Checking /Savings?

SURCHARGE SETTLEMENT INFORMATION: Surcharge Amount: \$ _____

Surcharge Settlement

Settle Surcharge Daily ACH from processor **OR** **Settle Surcharge Monthly ACH from processor**

Please note: If either settlement box above is not checked or the table below is not filled out, the settlement will be paid out by monthly via ACH .

Payee Name*	Routing #	Account #	CHG OR SVG	\$ or % Amount

Each Payee: Attach signed ACH form, W-9 and copy of check.

Admin

E-mail monthly report(s) to: _____

Send low cash and error messages to e-mails: _____

Send low cash and error messages by text: _____ CARRIER: _____

Affiliate Name: _____ Affiliate Signature: Date: _____

Fax to: 866-815-3718 or email Data@CypressAdvantage.com

Office Only: ACH Verified: _____ Date/Initials Proc: _____ Corrected _____ Verified: _____