

# ACH (Automated Clearing House) Authorization Release:

Choose ONE of the following options regarding changes to your bank account:

- This Account is for Surcharge Account (Revenue).
- This Account is for Vault Cash Only Account (money inside machine).
- This Account is for Monthly Revenue.

\_\_\_\_\_ (“Customer”) authorizes Cypress Advantage (“CYPRESS”) or its designated assignee, referred to as CYPRESS to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services, Revenues, Fees or Corrections. This authorization shall remain in effect unless and until CYPRESS has received written notification from Customer that this authorization has been terminated in such time and manner to allow CYPRESS to act. CYPRESS and Customer agree and acknowledge that CYPRESS has the sole exclusive right, title, and interest in and to credit and debit Account for the settlement of Terminal transactions, transaction adjustments, and outstanding invoices on behalf of Customer. ATM Customer’s monthly revenue will be direct deposited into the account referenced below by the 20<sup>th</sup> day of each month, for the previous month’s transactions. Once the ACH has been set up, all monthly transaction reports will be made available on line and will not be mailed. Customer agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. Customer has the authority to authorize CYPRESS to enter into this agreement. Customer shall hold CYPRESS harmless and indemnify, including attorneys fees, in the event of a claim.

The undersigned represents and warrants to Company that the person executing this Authorization is authorized signatory on the Account referenced below and that all information regarding the Account and the Account Holder is true and correct.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Your phone #: \_\_\_\_\_

Terminal ID Number(s) to deposit to this account (see lower left corner of attached report): \_\_\_\_\_

**Customer’s Bank Account Information:**

Bank Name: \_\_\_\_\_

Bank’s Phone Number: \_\_\_\_\_

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| <b>Bank Account:</b><br><br>_____    _____<br>ABA Routing Number    Account Number |
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For monthly e-mailed reports, ENTER YOUR E-MAIL ADDRESS: \_\_\_\_\_

*If you are changing a current account: Account changes will take effect 1-3 days after receipt, please check your new account in 3 days to verify deposits are posting correctly.*

**ATTACH A COPY OF YOUR VOIDED CHECK HERE**

**RETURN THIS FORM WITH A VOIDED CHECK  
FROM THE SAME ACCOUNT SHOWN ABOVE AND  
FAX TO 866-815-3718 FOR PROCESSING.**