

# ATM Source of Funds Provider Declaration Agreement MetaBank ("Bank")

("ISO")

## SECTION A – Application: ATM Source of Funds Provider Completes Lines 1-10 **\*\* PLEASE PRINT CLEARLY\*\***

|   |   |  |   |              |
|---|---|--|---|--------------|
| 1. Name of Location (Doing Business As) |   | 2. Physical Street Address of Location   |   |              |
| 3. City, State, Zip                     |   | 4. Location Phone Number   | 5. Terminal ID Number   | 6. Processor |
| 7. Business Tax ID Number               | 8. Financial Institution Number (FI #, FDIC, NCUA, ASI) |  | 9. Type of Business (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution) |              |
| 10. Merchandise/Services Sold           |   | 11A. Is Source of Funds Provider an individual? If yes, complete Sections A, B and D.<br>11B. Is Source of Funds Provider a company? If yes, complete Sections A, C and D. |   |              |

## SECTION B – Application: ATM Source of Funds Provider is an Individual **\*\* PLEASE PRINT CLEARLY\*\*** Completes Lines 12- 23

|  |  |  |  |  |
|--|--|--|--|--|
| 12. Source of Funds Provider First Name  |  | 13. Source of Funds Provider Last Name               |  |  |
| 14. Source of Funds Provider (Home) Physical Street Address  |  | 15. Source of Funds Provider (Home) City, State, Zip |  |  |
| 16. Source of Funds Provider Social Security Number  |  | 17. Source of Funds Provider Date of Birth           |  |  |
| 18A. Source of Funds Provider provide either Drivers License or Passport Information and dates : <span style="float: right;">Issuance Date          Expiration Date</span>   |  |  |  |  |
| 18B. Drivers License Number      Issuing State          OR      Passport Number          Issuing Country   |  |  |  |  |
| 19. List any other names (first and last) by which you are now or have been known.   |  | 20. Are you on parole or probation? Yes or No?       |  | 21. Have you ever been convicted of a felony? Yes or No? |
| 22. 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 a 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 the 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. |  |  |  |  |

23. SIGNATURE OF ATM SOURCE OF FUNDS PROVIDER (INDIVIDUAL) / DATE

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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 C – Application: ATM Source of Funds Provider is a Company and Principals **\*\* PLEASE PRINT CLEARLY\*\*** Completes Lines 24-32

|  |  |  |  |  |
|--|--|--|--|--|
| 24. ATM Source of Funds Provider Company (legal) Name        |  | 25. ATM Source of Funds Provider Company Physical Street Address               |  |  |
| 26. ATM Source of Funds Provider Company City, State, Zip    |  | 27. ATM Source of Funds Provider Federal Employer Identification Number (FEIN) |  |  |
| 28A. Principal #1 of Company: First and Last Name            |  | 28B. Principal #1 of Company: Percent of Ownership                             |  |  |
| 28C. Principal #1 of Company: Physical (Home) Street Address |  | 28D. Principal #1 of Company: (Home) City, State, Zip                          |  |  |
| 28E. Principal #1 of Company: Date of Birth                  |  | 28F. Principal #1 of Company: Social Security Number                           |  |  |
| 29A. Principal #2 of Company: First and Last Name            |  | 29B. Principal #2 of Company: Percent of Ownership                             |  |  |
| 29C. Principal #2 of Company: Physical (Home) Street Address |  | 29D. Principal #2 of Company: (Home) City, State, Zip                          |  |  |
| 29E. Principal #2 of Company: Date of Birth                  |  | 29F. Principal #2 of Company: Social Security Number                           |  |  |

30. 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 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 the 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.

31. SIGNATURE OF ATM SOURCE OF FUNDS PROVIDER (COMPANY) / DATE

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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 D – AGREEMENT BETWEEN SOURCE OF FUNDS PROVIDER, ISO AND BANK

32. In the event this Application is accepted by Bank, the above named ATM Source of Funds Provider, ISO and the Bank (collectively, the "parties") hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Source of Funds Provider financially participates in. 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 separate agreement; (2) The parties agree at all times to comply with applicable laws and regulations. (3) ATM Source of Funds Provider and ISO agree to comply at all times with all banking, regulatory and network rules; (4) The Bank may terminate this Agreement in Bank's sole discretion or in the event that either ATM Source of Funds Provider or ISO fail to comply with this Agreement and/or governing regulations; (5) ATM Source of Funds Provider and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in and Network Members, from and against any and all claims, losses or damages arising out of ATM Source of Funds Provider's or ISO's failure to comply with this Agreement, with applicable laws and regulations, and with the governing regulations.

**SIGNATURE OF ATM SOURCE OF FUNDS PROVIDER      SIGNATURE OF ISO      SIGNATURE OF BANK**

|              |              |              |
|--------------|--------------|--------------|
| NAME: _____  | NAME: _____  | NAME: _____  |
| TITLE: _____ | TITLE: _____ | TITLE: _____ |
| DATE: _____  | DATE: _____  | DATE: _____  |