

Exhibit 3

ACH Authorization Form

Version 2.21.07

***New Setup**

***Change** → Affects Terminal ID _____

***Vault Cash**

***Surcharge**

***Both (Surcharge & Vault)**

*Location Name	Contact
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Address

City	State	Zip	Phone #
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_____, legal name, (hereinafter referred to as ATM Operator) authorizes ATM Express, Inc., or its designated assignee, referred to as ATX, to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. This authorization shall remain in effect unless and until ATX has received written notification from ATM Operator that this authorization has been terminated in such time and manner to allow ATX to act. ATX and ATM Operator agree and acknowledge that ATX has the right, title and interest in and to credit and debit Account for the settlement of Terminal transactions and transaction adjustments on behalf of ATM Operator.

All shortages and adjustments must be reported to ATX within 7 days or ATM Operator assumes full liability. ATM Operator further agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. ATM Operator has the authority to authorize ATX to process their ATM transactions and enter into this agreement. ATM Operator shall hold ATX harmless and indemnify, including attorney fees, in the event of a claim.

ATM Operator acknowledges and understands that any relationship established between ATM Operator and ATX is related to that certain Independent Sales Representative Agreement (the "Agreement") between ATX and the independent sales representative with whom you have contracted. Accordingly, ATM Operator agrees that ATX shall have no further obligations to ATM Operator, of whatever sort or nature, if the Agreement terminates for whatever reason.

For Settlement on behalf of ATM Operator's Terminals, and for payment of Expenses due and owing under this Agreement, ATM Operator shall establish and maintain ACH Account. Settlement on non-banking days is held in queue at processor until the bank system opens for business. ATM Operator further agrees to maintain at all times in ATM Operator's ACH Account a balance sufficient to pay all amounts due and owing to ATX under this Agreement.

It is the responsibility of ATM Operator to verify that all information contained in the exhibits and all other forms submitted by ATM Operators to ATX or any modification thereof is correct and complete. ATX has no responsibility to verify any such information and will not be responsible for any Expenses, claims, damages, liability, loss, demands or any causes of action arising out of or related to any incorrect information submitted to ATX or any notice of change related thereto. ATM Operator shall audit and balance the data contained in the periodic statements and summary reports provided by ATX and shall promptly notify ATX of any disputed item or items on such periodic statements and summary reports. If following ATM Operator's timely notice ATX determines that the disputed item was credited or debited in error by ATX, ATX shall correct the error. However, ATX shall not be liable for any recovery of any amounts which were transmitted in error over thirty (30) days prior to the date ATX receives notice from ATM Operator, although ATX will use its best efforts, but shall be under no obligation to incur any Expense, to recover the same on ATM Operator's behalf. ATX shall not be liable for any damages, interest or Expenses associated with any error by ATX which occurred over thirty (30) days prior to the date ATX receives notice from ATM Operator.

***Print Name:** _____ **Signature: X** _____ **Date:** _____

Settlement Information

Bank Name/Branch				Account Name			
Phone				*Account Type		<input type="checkbox"/> DDA	<input type="checkbox"/> Savings
Address				*Accum Type		<input type="checkbox"/> Lumped	<input type="checkbox"/> Separate
City		State	Zip	*Account Owner		<input type="checkbox"/> Investor	<input type="checkbox"/> Merchant <input type="checkbox"/> ISO

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Routing #

Account #

INTERNET REPORTING INFORMATION

Username	Email
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ATTACH PRE-PRINTED VOIDED CHECK: This authorization will not be activated without receipt of a copy of a PRE-PRINTED, voided check, or a letter from the above financial institution verifying the routing and account numbers and account name.

****PLEASE COMPLETE ALL SECTIONS THAT ARE MARKED WITH AN ASTERIK & ARE IN BOLD.***

AN ATM OPERATOR/MERCHANT APPLICATION MUST BE COMPLETED BY ANYONE RECEIVING VAULT OR SURCHARGE SETTLEMENT