

CREDIT & OFAC AUTHORIZATION AND CONSENT FORM

Business Information

Legal Name ("Business"):			**DBA:**		
Physical Address:			City:	State:	ZIP:
Mailing Address (if different):			City:	State:	ZIP:
Phone:	FAX:		Principle Business:	MM/YYYY Incorporated:	Years in Business:
FEIN:	Business Tax ID		Bank:		

Business Form: (Check all that apply)

☐ Sole Prop. ☐ Partnership ☐ Non-Public Corp./LLC ☐ Public Corp. ☐ Non-Profit ☐ Governmentt Entity ☐ Public Entity

☐ Financial Inst. (☐ US or ☐ Foreign) [FI#/FDIC/NCUA/ASI#: _____] ☐ OTHER (Specify):

Owner Information

Owner #1 ("Applicant") First Name/ MI / Last Name:				**Owner #2 ("Applicant") First Name/ MI / Last Name:**			
Physical Residence Address:				Physical Residence Address:			
City:	State:	ZIP:		City:	State:	ZIP:	
Residence Phone:	Cell phone:			Residence Phone:	Cell phone:		
% Ownership:	**Date of Birth:**	**Social Security # or Passport #/Country:**		% Ownership:	**Date of Birth:**	**Social Security # or Passport #/Country:**	
Drivers License:	**State:**	**Expires:**		**Drivers License:**	**State:**	**Expires:**	
Email Address (Optional):				Email Address (Optional)			
Country of Citizenship:	Politically Exposed Person?: ☐ YES ☐ NO			Country of Citizenship:	Politically Exposed Person?: ☐ YES ☐ NO		
PLEASE FILL OUT ALL SPACES				**NOTE:** Information for Owner #2 required if Owner #1 % ownership is less than 80%			

I (We) hereby state that the information given above is true and complete in all respects. It is further understood that an investigation may be conducted of past criminal history, credit activities, and other information required by the U.S.A. Patriot Act and Office of Foreign Assets Control ("OFAC"). I (We) authorize credit agencies, past employers, personal references and any other persons or institutions to answer all questions asked concerning credit activities, criminal record history, driving record, background, character and reputation. I (We) release all persons and institutions including past employers, credit bureaus and government agencies from any liabilities or damages on account of having furnished such information in good faith. A telephonic facsimile (FAX), digital representation, or photographic copy of this authorization shall be valid as the original. Missing or incorrect information can be filled-in or corrected as necessary.

I (We) authorize CORD FINANCIAL SERVICES and its agents or assigns to conduct such an investigation, and hereby release such parties, including their officers, employees, agents and representatives from all liability or responsibility for this investigation. It is understood that the information requested above regarding sex, race, and date of birth are for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.

I (We) understand that a consumer report may be procured for approval purposes, and I (we) authorize you to obtain such consumer reports. All consumer report information will be furnished in compliance with the Fair Credit Reporting ACT (FCRA).

I FURTHER UNDERSTAND THAT APPROVAL OF MY APPLICATION WILL BE DETERMINED BY THE RESULTS OF THIS INVESTIGATION. IF THE FINDINGS DO NOT FALL WITHIN THE GUIDELINES AND POLICIES OF CORD FINANCIAL SERVICES OR ITS PROCESSING COMPANY, MY APPLICATION APPROVAL WILL BE DENIED.

Signature (Owner #1): _____ Date: _____

Signature (Owner #2): _____ Date: _____

ADDENDUM TO AGENT PROCESSING AGREEMENT
Between _____ **and** CORD FINANCIAL SERVICES

THIS ADDENDUM shall amend and shall constitute a part of, together with any exhibits or schedules attached hereto, that certain AGENT PROCESSING Agreement (the "Agreement") made this _____ day of _____,20____ by and between _____("ATM Operator") and CORD FINANCIAL SERVICES ("ISO"). The terms hereof will for all purposes be deemed incorporated in the Agreement. In the event of any conflict between the terms of the Agreement and the terms of this Addendum, the terms of this Addendum shall control. All capitalized terms, unless otherwise indicated, shall have the meanings attributed to them in the Agreement.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows.

Member Bank: The Member financial institution sponsoring the ATM transactions under this Agreement is **RBS Citizens**, **N.A.** whose principal address is 1 Citizens Plaza, Providence, RI 02903 and who can be reached for customer service at (888) 486-4949 (hereinafter "Member Bank").

Compliance with Rules and Regulations: ATM Operator and ISO each acknowledge that sponsorship of ATM Operator and its activities under this Agreement may be terminated for failure to comply with the terms of this Agreement; if the applicable networks determine that the ATM Operator is not qualified to act as such; or if they are found to be in violation of the rules and regulations of the applicable debit networks. ATM Operator further acknowledges that the applicable debit networks are the sole and exclusive owners of their respective Service Marks and agrees that it will not contest the ownership of the Service Marks for any reason whatsoever. The debit networks may at any time, immediately and without advance notice, prohibit the ATM Operator from using any of their respective Service Marks for any reason.

Financial Information: ATM Operator hereby acknowledges that it is required to provide requested financial information to Member Bank under this Agreement since the transactions settled by Member Bank hereunder constitute "financial transactions" under Federal Law (e.g., USA Patriot ACT). Member Bank is therefore required to obtain, verify, and record the required information. A consumer credit report and criminal background investigation may also be required by Member Bank in connection with the sponsorship of ATM Operator's activities under this Agreement. ATM Operator hereby authorizes Member Bank or any of its agents to investigate information or data obtained from ATM Operator. ATM Operator further represents that all information provided to Member Bank and its agents are true and correct.

This ADDENDUM and the Agreement constitute the entire agreement between the parties hereto with respect to the subject matter hereof. Any modifications hereto shall be in writing and executed by the party to be bound thereby.

Except to the extent specifically amended by this Addendum, all terms of the Agreement are ratified and confirmed.

CORD FINANCIAL SERVICES ("ISO")		**RBS Citizens, N.A.** ("Member Bank")	
By:	_____	By:	_____
Name:	Jason Mathews	Name:	_____
Title:	Manager	Title:	_____
Date:	_____	Date:	_____

_____
("ATM Operator")

By: _____
Name: _____
Title: _____
Date: _____

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			–		–				

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ACH AUTHORIZATION AGREEMENT

☑ **New Terminal ID** ☐ **Existing TID LK# _____**

AUTHORIZATION AGREEMENT FOR ELECTRONICS FUNDS TRANSFER (ACH)

Business Name: _____

Bank Name – Settlement_____

Account Type:_____

Transit / ABA Number:_____

Account Number:_____

Business Name
Address
City State Zip

Please Place Voided Check Here

(Business Information MUST Be Pre Printed on the Check – No Temporary Checks Allowed)

The Undersigned hereby authorizes CORD / RBS WorldPay, Inc. as its designated processor, to initiate credit and /or debit entries and to initiate, if necessary, reversing entries and adjustments for any original entries made in error to the account identified below "Depository Account" and to credit or debit (as appropriate) the same to such account. Customer will provide a voided printed check or bank letter listing the banks routing and account numbers. Customer shall audit and balance the ATM's associated with the Settlement Account indicated on this ACH Authorization Agreement and shall promptly, but in no event more than seven (7) calendar days after the date of any disputed or missing item, notify CORD Financial Services of any disputed or missing item. If CORD determines that the disputed or missing items were made in error by CORD, CORD shall correct the error. However, CORD shall not be liable for any recovery of any amounts over 7 days prior to the date CORD was notified of the disputed or missing items. CORD will use its best efforts to assist Customer in the recovery of disputed or missing items, but shall be under no obligation to incur any expense for recovery. CORD shall not be liable for any damages, interest or expense associated with any error by CORD which occurred over 7 days prior to the date CORD receives notice from Customer.

This authority is to remain in full force and effect until CORD / RBS WorldPay, Inc. has received written notification from an authorized signer on the Depository Account of its termination.

To induce RBS WorldPay, Inc. reliance thereon, the undersigned certifies the accuracy of the foregoing information and authorizes RBS WorldPay, Inc. to obtain investigative reports from the Bank holding the Depository Account, Credit Bureau or investigative agency regarding statements or other data contained herein pertaining to Business' credit or financial responsibility or accuracy of any and all changes which may occur from time to time in the information and statements contained herein.

Owner/Officer Signature: _____ **Date:** _____

For RBS WorldPay Use Only

Approved by: _____ Date Checked:_____