



888-660-7722 ext 1603
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ATM Start-Up Sheet

Participant Information

Participant's Name: _____ Fax Number: _____

Email Address: _____

Location Description: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main crossroad: _____

Contact Name: _____ Phone Number: _____

Installation Information

Settlement Account: ABA#: _____ Account#: _____

Surcharge Account: ABA#: _____ Account#: _____

Terminal Make/Model: _____ Serial# _____

Denomination: 1st Cassette _____ 2nd Cassette _____

Store Hours: M-F _____ Sat _____ Sun _____ Hol _____

Surcharge Amount: _____ Merchant has electrical Outlet for ATM? YES NO

Merchant has a dedicated phone line for ATM – Yes or No ATM phone# -

For internal office use only

Participant# Assigned: _____ Terminal # Assigned _____

Sales Rep Residual: _____ Merchant Residual: _____

Date Installed: _____ Installed By: _____