



Terminal Settlement Distribution Form

Setup Type New Change

Terminal ID _____

MID _____

PLEASE COMPLETE ENTIRE FORM

ISO - Terminal Information

ISO Participant	CALIFORNIA ATM SOLUTIONS	Affiliate	
Terminal Name		Street Address	
City		State	ZIP

Cash Replenishment Settlement Information

Customer Name	Routing Number	Account Number	Savings/Checking/GL	ACH form on file	New ACH form
				<input type="checkbox"/>	<input type="checkbox"/>

Reg E Settlement Information

Customer Name	Routing Number	Account Number	Savings/Checking/GL	ACH form on file	New ACH form
				<input type="checkbox"/>	<input type="checkbox"/>

*If not completed, the default for Reg E entries will be the cash settlement account.

Surcharge Settlement Information

(Up To Four Destinations)

Customer Name	Routing Number	Account Number	Savings/Checking/GL	Split \$/%	Frequency Daily/Monthly	ACH form on file	New ACH form
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

*Surcharge splits in \$ should total the transaction surcharge or if a %, should total 100%.

**If daily surcharge, list at least one account. If monthly surcharge and no account listed, funds will settle to ISO at month end.

Authorization

All accounts must have a signed ACH Authorization Form submitted with the Terminal Settlement Distribution form or have a previously submitted ACH Authorization for the same account number already on file. If the accounts listed above have not had an ACH Authorization form submitted please submit the ACH Authorization Form along with appropriate copies of pre-printed checks and/or bank letters. If an ACH Authorization form is not already on file or submitted with this request, you may experience delays in processing.

I authorize CDS to use a previously submitted ACH Authorization form for the accounts listed above

I am submitting new or additional ACH Authorization Form (s) with this request for the accounts

Signature

Date

ELECTRONIC SIGNATURE AGREEMENT: By typing your name above you are signing the agreements related to the services electronically. By typing your name above you agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, constitutes your signature (referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and Columbus Data Services.

ACH Verified _____ Date/Initials Proc _____ Corrected _____ Verified _____