FIPCO
COMPLIANT. CONSISTENT. CONFIDENT.

ATM ACCESS

Surcharge Alliance Name: **ATM Access** **Date:** _____

Name of person completing this form: _____ Phone: _____

* Network routing - List the national network (Cirrus ***or*** Plus) that this bin is sponsored into. Then list the regional networks that this bin is sponsored into. (i.e. Star, Honor, MAC, Pulse, etc). **Do Not list Visa, EDS, Equifax, or the name of a processor.**

Add the following:

*Network Routing

Bin/Prefix Number	Bin/Prefix Length	Card/Pan Length	Institution that issues this bin	R/T of Institution	Fiserv EFT bin? Y or N	*National Network (Cirrus or Plus only)	*Regional Networks (i.e. Star, Pulse, MAC) list all of them

Delete the following:

*Network Routing

Bin/Prefix Number	Bin/Prefix Length	Card/Pan Length	Institution that issues this bin	R/T of Institution	Fiserv EFT bin? Y or N	*National Network (Cirrus or Plus only)	*Regional Networks (i.e. Star, Pulse, MAC) list all of them