FIPCO
COMPLIANT. CONSISTENT. CONFIDENT.

PLEASE PROCESS WITHIN 15 BUSINESS DAYS OF RECEIPT

ATM ACCESS

ACTION ☐ Add ☐ Change ☐ Delete ☐ Issuer Only ☐ Issuer & Acquirer	**Who Drives Your Terminal**	**Effective Date ___/___/___**

Placing Institution and Terminal Information

PLACING INSTITUTION NAME

CONTACT NAME	PHONE NUMBER ( )
ADDRESS	**FINANCIAL INSTITUTION ID WITH PROCESSOR**
CITY/STATE/ZIP	
ROUTING/TRANSIT NUMBER	

Issuer: **As an Issuer all debit and credit cards are included in the ATM Access Network.**
Acquirer: **Please list all ATM(s) that will participate in the ATM Access Network.**

Terminal Number	**Terminal Address Including City, State and Zip**	**Is this ATM currently surcharging?**	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Signatures

The above named Financial Institution authorizes FIPCO, as the owner of ATM Access, to act on its behalf with _____ _____ (Processor Name) as Financial Institution's processor for the above-noted action regarding its ATM terminals.

Authorized Signature _____

Title _____ Date _____

FIPCO Authorized Signature _____