

ACH AUTHORIZATION RELEASE

_____ (“Customer”) authorizes Columbus Data Services, (“CDS”) and Ocean ATM (“OATM”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS and OATM shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS or OATM by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS and OATM and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be effected through the Federal Reserve System automated clearing house (ACH) system.

Settlement Disputes

Customer shall audit and balance the data contained in the periodic statements and reports provided by CDS and shall promptly, but in no event more than 30 days after the date of the disputed item, notify CDS in writing (the “Notice Date”) of any disputed item or items on such periodic statements and reports. If CDS determines that the disputed item was credited or debited in error by CDS, CDS shall correct the error. Notwithstanding, CDS shall not be liable for any recovery, reimbursement or otherwise of any amounts over 30 days from the Notice Date. CDS will, however, use its commercially reasonable efforts to recover any amounts over such 30-day period. CDS shall not be liable for any damages, interest or costs associated with the error other than correcting the error.

The undersigned represents and warrants to CDS that the person executing the Authorization is an authorized signatory on the Account referenced below and all information regarding the Account and the Account Holder is true and correct.

For account changes, please print your ATM Terminal ID here: _____

Signature: _____ Date: _____

Print Name and Title: _____


Account Information

This form MUST be accompanied by a pre-printed voided check or a letter from the bank to which the funds are settling referencing the Customer’s name, routing number and account number. The information on the check or bank form must match the information provided below. Forms submitted without all fields on this document completed will not be processed.

Routing/Transit Number (9 digits): _ _ _ _ _

Account Number: _____

These numbers are printed on the bottom of your check. See example below:



Routing Number
Account Number

CDS Office Use Only			
Date Received		Entered By	
Date Entered		Date Scanned	

PLEASE EMAIL TO DANA@OCEANATM.COM OR FAX TO 877-538-8929