

Exhibit D



ACH AUTHORIZATION RELEASE
(Please TYPE or PRINT)

_____ hereby authorizes A-One ATM LLC. to initiate ACH
(Your Name) transfer entries for all the following:

- Adjustments
- Error Corrections
- Daily Transaction Settlement
- Surcharge
- Interchange
- Network Fees

These entries will be made through the account at:

Financial Institution Name: _____

Address: _____
PO Box City State Zip

Phone: _____
Street Address City State Zip
() -

Account Title / Name: _____

Routing Transit Number: _____ Account Number: _____

Type of Account: _____
(checking, saving, money market, etc...)

Adjustment Notifications will be sent to you at the business address / fax as listed below.

Company Name: _____ Attention: _____

Address: _____
Street Address City State Zip

Fax: () - _____ Email: _____

Signature: _____ Date: _____

**PLEASE ATTACH A PRE-PRINTED VOIDED CHECK HERE
BANK DRAFT AND DEPOSIT SLIPS NOT VALID
IF NO PRE-PRINTED CHECK IS AVAILABLE ATTACH A BANK
LETTER IN PLACE OF PRE-PRINTED CHECK**

A-OneATM LLC. OFFICE USE ONLY

Verified By: _____ Approved By: _____

Participant ID: _____
Terminal ID: _____