❑ Please Check if PAI should keep this on file ❑ Check here if this is for an existing TID. TID #_____

Exhibit 3

ACH Authorization Form

Version 10.25.07

❑ Vault Cash ❑ Surcharge ❑ Both (Surcharge and Vault) ❑ Wireless

Location Name			Contact
Address			
City	State	Zip	Phone #

_____, legal name, (hereinafter referred to as ATM Operator) authorizes PAI ATM Strategies, LLC., or its designated assignee, referred to as PAI, to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. This authorization shall remain in effect unless and until PAI has received written notification from ATM Operator that this authorization has been terminated in such time and manner to allow PAI to act. PAI and ATM Operator agree and acknowledge that PAI has the right, title and interest in and to credit and debit Account for the settlement of Terminal transactions and transaction adjustments on behalf of ATM Operator.

All shortages and adjustments must be reported to PAI within 7 days or ATM Operator assumes full liability. ATM Operator further agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. ATM Operator has the authority to authorize PAI to process their ATM transactions and enter into this agreement. ATM Operator shall hold PAI harmless and indemnify, including attorney fees, in the event of a claim.

ATM Operator acknowledges and understands that any relationship established between ATM Operator and PAI is related to that certain Independent Sales Representative Agreement (the "Agreement") between PAI and the independent sales representative with whom you have contracted. Accordingly, ATM Operator agrees that PAI shall have no further obligations to ATM Operator, of whatever sort or nature, if the Agreement terminates for whatever reason.

For Settlement on behalf of ATM Operator's Terminals, and for payment of Expenses due and owing under this Agreement, ATM Operator shall establish and maintain ACH Account. Settlement on non-banking days is held in queue at processor until the bank system opens for business. ATM Operator further agrees to maintain at all times in ATM Operator's ACH Account a balance sufficient to pay all amounts due and owing to PAI under this Agreement.

It is the responsibility of ATM Operator to verify that all information contained in the exhibits and all other forms submitted by ATM Operators to PAI or any modification thereof is correct and complete. PAI has no responsibility to verify any such information and will not be responsible for any Expenses, claims, damages, liability, loss, demands or any causes of action arising out of or related to any incorrect information submitted to PAI or any notice of change related thereto. ATM Operator shall audit and balance the data contained in the periodic statements and summary reports provided by PAI and shall promptly notify PAI of any disputed item or items on such periodic statements and summary reports. If following ATM Operator's timely notice PAI determines that the disputed item was credited or debited in error by PAI, PAI shall correct the error. However, PAI shall not be liable for any recovery of any amounts which were transmitted in error over thirty (30) days prior to the date PAI receives notice from ATM Operator, although PAI will use its best efforts, but shall be under no obligation to incur any Expense, to recover the same on ATM Operator's behalf. PAI shall not be liable for any damages, interest or Expenses associated with any error by PAI which occurred over thirty (30) days prior to the date PAI receives notice from ATM Operator.

***Print Name: _____Signature: X_____ Date: _____**

COMPLETE THIS SECTION TO ALLOW MERCHANT LEVEL ACCESS TO ATM REPORTS	
Username:	Email:

Bank Name:			Account Name:
Phone:			Account Type: ❑ Checking ❑ Savings
Address:			Accum Type: ❑ Lumped ❑ Separate
City	ST	Zip	Account Owner: ❑ Investor ❑ Merchant ❑ ISR

Please Fill in Routing Number and Account Number Below

ATTACH A PRE-PRINTED VOIDED CHECK: THIS AUTHORIZATION WILL NOT BE COMPLETED WITHOUT A PRE-PRINTED, VOIDED CHECK, OR A LETTER FROM THE ABOVE FINANCIAL INSTITUTION VERIFYING THE ACCOUNT NAME, NUMBER, AND ROUTING NUMBER.

*PAI ATM Strategies, LLC. * PO Box 20439 * Billings, MT * 59104-0439*
*Tel 877.271.2627 * Fax 877.327.2939*