

Exhibit 4

ATM Installation Form

Version 10.25.07

For a new terminal I.D., fax this completed form to 877.327.2939

Processor : <input type="checkbox"/> Metavante <input type="checkbox"/> Lynk <input type="checkbox"/> Coredata		
Connection: <input type="checkbox"/> Dial-up <input type="checkbox"/> Wireless <input type="checkbox"/> DSL/Broadband		
ATM Location Name:		
Street Address:		
City:	State:	Zip:
Contact Name:	Phone:	
	Email:	
ATM Make:	ATM Model:	<input type="checkbox"/> Check For Triton Emulation
ATM Ownership: <input type="checkbox"/> ISR <input type="checkbox"/> Other		
*Must Submit an Exhibit 2 for Non-ISR Owned ATM's		
ISR Business Name:		
ISR Signature:		Date:

PLEASE NOTE: An Exhibit 3 and a Preprinted Voided Check or Bank Letter are REQUIRED for each Account Listed.		
Vault Cash Account #:		
Surcharge Account		Surcharge Amount
1st Surcharge Acct.		
2nd Surcharge Acct.		
3rd Surcharge Acct.		
Please Be Sure to List All Accounts and the Amount Each Will Receive		TOTAL Surcharge Amount