



ROGER C. BOGSTED
COMMISSIONER

2009

COUNTY OF NASSAU
OFFICE OF CONSUMER AFFAIRS
200 County Seat Drive, Mineola New York 11501
516-571-2600

ATM REGISTRATION FORM

NEW REGISTRATION RENEWAL

LOCATION OF ATM

STORE/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

ATM INFORMATION

24 HOUR TOLL FREE SERVICE NUMBER FOR CUSTOMER SERVICE: _____

ATM FEE ASSESSED PER TRANSACTION: \$ _____

WHAT TYPES OF TRANSACTIONS CAN THE ATM PERFORM?:

- DISPENSE CASH DETERMINE ACCOUNT BALANCES
- TRANSFER FUNDS WITHIN AN INSTITUTION (If checked, see category A below)
- OTHER (PLEASE SPECIFY): _____

A. IS THIS ATM REGISTERED WITH AN "EFT" NETWORK: YES NO

NAME OF "EFT" INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAKE: _____ MODEL: _____ SERIAL NUMBER: _____

IS THE ATM IN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS:

YES NO

IF NO, PLEASE EXPLAIN: _____

SERVICING AGENT

(THIS IS THE PERSON OR COMPANY WHICH "CONTRACTS WITH AN OPERATOR TO PROVIDE CUSTOMER RELATIONS, FINANCIAL RECORD KEEPING, REPAIRS OR SERVICE")

NAME OR TRADE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

(SEE REVERSE SIDE)

