



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

2012

EDWARD P. MANGANO
COUNTY EXECUTIVE

MADALYN F. FARLEY
COMMISSIONER

ATM REGISTRATION FORM

NEW REGISTRATION (\$100) RENEWAL (\$50)

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)

