

NON-BANK ATM REGISTRATION

WESTCHESTER COUNTY
DEPARTMENT OF CONSUMER PROTECTION
148 Martine Avenue, Room 407, White Plains, NY 10601
Tel. (914) 995-2155
www.westchestergov.com/consumer

Please Type or Print All Requested Information

All information must be Accurate and Complete

1. Operator of ATM [Note: This is the person or company which “owns, leases or otherwise legally controls” the terminal.]

- a. Name or Trade Name _____

- b. Street Address: _____
City: _____ State: _____ Zip Code: _____
- c. Telephone Number () _____
- d. Contact Person _____ E-Mail Address _____

2. Location of ATM

- a. Name or Trade Name _____

- b. Street Address: _____
City: _____ State: _____ Zip Code: _____
- c. Telephone Number () _____
- d. Contact Person _____ E-Mail Address _____

3. What Types of Transactions Can the ATM Perform?

- Dispense Cash
 Determine Account Balances
 Transfer Funds Within an Institution
 Other (Please Specify):

over

4. Indicate the following information about this ATM:
- a. Make: _____
- b. Model: _____
- c. Serial Number: _____
5. **Servicing Agent** [Note: This is the person or company which “contracts with an operator to provide customer relations, financial record keeping, repairs or service.”]
- a. Name or Trade Name _____
- _____
- b. Street Address: _____
- City: _____ State: _____ Zip Code: _____
- c. Telephone Number () _____
- d. Contact Person _____ E-Mail Address _____
6. **Fee Assessed At ATM Per Transaction: \$** _____
7. **Toll Free Servicing Number.** Westchester County wants disclosure of a 24-hour, toll-free number where a consumer may direct inquiries or complaints. This number will be listed on the ATM machine.
- What number do you want listed? _____
- Whose number is that? _____
8. **Registration Fees** (Checks made payable to “**Westchester County General Fund**”) : \$75.00
9. **Registration stickers will be mailed to the ATM location** unless otherwise indicated below by check mark:
- Send registration sticker to operator.

Dated this _____ day of _____, 20 _____

Signature: (required): _____

Printed Name: _____

Title: _____