



Vermont Department of Financial Regulation
89 Main Street • Montpelier VT • 05620-3101
802-828-3301 • dfr.bnkconsumer@vermont.gov

AUTOMATED TELLER MACHINE REGISTRATION

After completing this form, please email to the Department Banking Division at dfr.bnkconsumer@vermont.gov.

Date _____

1. Owner of Terminal

Business Name _____

Address _____

Street Address (include PO Box and Unit/Suite No.)

City State Zip

Contact Name _____

Telephone No. _____ Extension _____

Email _____

2. Customer Service Contact

Name _____

Telephone No. _____

3. Location of Terminal

Company/Business name where ATM will be located _____

Address _____

Street Address

City State Zip

4. Date of Terminal Activation _____

5. Date of Terminal Deactivation _____
