



Vermont Department of Financial Regulation  
89 Main Street • Montpelier VT • 05620-3101  
802-828-3307 • dfr.bnkconsumer@vermont.gov

## AUTOMATED TELLER MACHINE REGISTRATION

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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 \_\_\_\_\_

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