

CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor
 Pomona, New York 10970
 Phone: (845) 364-3901 Fax: (845) 364-3902
 Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq.
 Director and Public Advocate

NON-BANK ATM REGISTRATION

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: _____
- c. Telephone Number*: () - _____
- d. Contact Person*: _____ E-Mail Address: _____

***NOTE: Contact Person and Telephone Number will be placed on a decal which will be affixed to the ATM**

2. **Location of ATM**

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

3. **If the operator/distributor of this private ATM is registered with an EFT network. Please set forth that information below:**

FOR OFFICE USE ONLY

Date received:	Amount Received:
Checked by:	Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #

4. **What Types of Transactions Can the ATM Perform?**

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

5. **Indicate Make, Model and Serial Number of ATM:**

6. **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: _____
- c. Telephone Number: () - _____
- d. Contact Person: _____ E-Mail Address: _____

7. **Fee Assessed At ATM Per Transaction: \$** _____

8. **Registration Fees**

(Checks made payable to “Rockland County Commissioner of Finance”)

Check application type below:

First ATM Machine Registration: \$55.00

Additional ATM Machine Registration : \$25.00

\$ _____ Total

Dated this _____ day of _____, 200_____

Signature: _____

Printed Name: _____

Title: _____

PROTECT YOUR IDENTITY:
SAFEGUARD YOUR CARD AND PIN
NUMBER. TAKE YOUR RECEIPT.

This ATM is owned and operated by a non-banking institution.

The fee charged to use this private ATM is \$_____ per transaction.

The maximum amount that can be withdrawn is \$_____.

The name of the merchant/owner/operator of this ATM is:

Telephone #:

This ATM is registered with the Rockland County Office of Consumer Protection.

Telephone #: (845) 364-3901

The Federal Trade Commission Identity Theft Hotline is:

1-877-ID-THEFT