



STATE OF WYOMING

DEPARTMENT OF AUDIT

DIVISION OF BANKING

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Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

REMOTE ELECTRONIC TERMINAL REGISTRATION Pursuant to W.S. 13-1-502(m)

NEW REGISTRATION RENEWAL REPLACEMENT

OWNER/OPERATOR OF ATM

NAME OF CORPORATION/OPERATOR _____

CORPORATE ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ EMAIL: _____

CONTACT PERSON & TITLE: _____ FAX NUMBER: _____

FEDERAL EMPLOYERS' IDENTIFICATION NUMBER: _____

ATM INFORMATION

STORE/COMPANY/LOCATION NAME: _____

ATM ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____ TELEPHONE NUMBER: _____

CONTACT PERSON & TITLE: _____ FAX NUMBER: _____

ATM/CASH DISPENSING MACHINE 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 OTHER (PLEASE SPECIFY): _____

MAKE: _____ MODEL: _____ SERIAL NUMBER: _____

IS THE ATM IN COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL REGULATIONS: YES NO

IF NO, PLEASE EXPLAIN: _____

(SEE REVERSE SIDE)

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: _____ CONTACT PERSON & TITLE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

****USE SHARING/SPONSORSHIP AGREEMENT HAS BEEN ESTABLISHED WITH: (Pursuant to W.S. 13-1-502(j) the Sponsorship Agreement must be with a Wyoming State Bank, Wyoming National Bank, a Federal Credit Union or Federal Savings Bank operating in Wyoming)****

MAILING INFORMATION

Where should the decal(s) be mailed: Location Owner/Operator Servicing Agent
 Other Location (See Below)

Other Location: _____

****Please remember to enclose a copy of the Sponsorship Agreement as per Wyoming Statute 13-1-502(j)****

I have received and/or read a copy of the Wyoming Statutes Relating to Remote Electronic Banking Facilities (W.S. 13-1-501 through 13-1-502) and Chapter 3, Section 3 of the Rules and Regulations of the Commissioner. I am aware that **A Wyoming financial institution or person operating a remote electronic terminal in this state who, after receiving notice from the commissioner, fails to comply with any of the provisions of this section or rule or regulation adopted pursuant to this section, is guilty of a misdemeanor punishable by a fine of not less than one hundred dollars (\$100.00) nor more than five thousand dollars (\$5,000.00), imprisonment for not more than one (1) year, or both.**

Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE OF REGISTRATION: _____ STICKER/DECAL #: _____

RENEWAL NEW REGISTRATION REPLACEMENT

DOB AUTHORIZATION: _____ AMOUNT PAID: \$ _____ #OF TERMINALS _____

SPONSORSHIP AGREEMENT ATTACHED: YES NO NOT APPLICABLE

Revised: 5/2012