AUTOMATIC TELLING MACHINE (ATM) CARD FORM

Name: _____

Postal/Email Address: _____

_____ Phone Contact: _____

Account Number:

Card Number:

Stamp:

FEES CHARGED/COLLECTED

Customer's Signature: .....

Verifying Officer's Signature: .....

Authorised By:..... Date: _____

BACK OFFICE USE

Account Number linked to Card Verified: ☐ Yes ☐ No

New Card Number verified: ☐ Yes ☐ No

Details Verified By: ..... Date: _____

Stamp: