

ATM Monitoring Contact Form

• New Installs: Email or fax to Project Manager • Updates: Email to ATMmonitoring@cns-rs.com or fax to 973-682-2626

Instruction Sheet

Please note the following when filling out the Contact Update Form:

1.) There can only be a total of 5 (five) contacts per ATM. **Each phone number** (or pager/email/text) count as a Contact. Please enter **1** (one) number (or pager/email/text) per Contact selection.

Example: *John Doe is to be notified during Branch Hours & After Hours. The number he can be reached at during branch hours would be Contact #1 and the number he can be reached at during afterhours would be Contact #2.*

2.) Emails and texts are automatically acknowledged by the system.

A.) Only **1** (one) can be used per block of hours (Branch Hours **or** After Hours). Since emails and texts are automatically acknowledged by the system, once an email or text is sent - the notification will stop here. If multiple contacts are listed per block of hours, an email or text would need to be the last point of contact.

Example: *Branch Hours: Contact 1 = Phone, Contact 2 = Email
After Hours: Contact 3 = Phone, Contact 4 = Phone, Contact 5 = Text*

B.) To have the ATM Monitoring system send an email and/or text to multiple people simultaneously, please create a distribution list through your IT/email service.

Example: ATMFaults@yourbank.com

3.) When choosing "Text Message Cell Phone", please provide the cell phone carrier in order to have texts set up correctly.

Example: *Verizon, AT&T, T-Mobile, etc.*

4.) When listing a service provider as a contact, please be sure to include the "Servicer Reference Number" if required by your service company.

Example: *Diebold & NCR provide a "Servicer/Customer Number" for each terminal.*

Feel free to contact ATM Monitoring at ATMmonitoring@cns-rs.com with any questions.

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Terminal ID(s): _____

Logo/FIID: _____ Host ID (for HOST update): _____ Servicer Reference #: _____

Effective Date: _____ Time Zone: ☐ Eastern ☐ Central ☐ Mountain ☐ Pacific ☐ Hawaii ☐ No DST

BRANCH HOURS: _____ (Days/Hours)

AFTER HOURS: _____ (Days/Hours)

Contact 1:

Name: _____

Number or Email: _____

Wireless Provider: (Required for Cell/Pager Text Messaging) _____

Contact 1 – Available For: ☐ Branch Hours -or- ☐ After Hours

Contact Via (check one):

☐ Phone ☐ Voice Mail

☐ Pager ☐ Email

☐ Text Cell ☐ Text Pager

Contact 2:

Name: _____

Number or Email: _____

Wireless Provider: (Required for Cell/Pager Text Messaging) _____

Contact 2 – Available For: ☐ Branch Hours -or- ☐ After Hours

Contact Via (check one):

☐ Phone ☐ Voice Mail

☐ Pager ☐ Email

☐ Text Cell ☐ Text Pager

Contact 3:

Name: _____

Number or Email: _____

Wireless Provider: (Required for Cell/Pager Text Messaging) _____

Contact 3 – Available For: ☐ Branch Hours -or- ☐ After Hours

Contact Via (check one):

☐ Phone ☐ Voice Mail

☐ Pager ☐ Email

☐ Text Cell ☐ Text Pager

Contact 4:

Name: _____

Number or Email: _____

Wireless Provider: (Required for Cell/Pager Text Messaging) _____

Contact 4 – Available For: ☐ Branch Hours -or- ☐ After Hours

Contact Via (check one):

☐ Phone ☐ Voice Mail

☐ Pager ☐ Email

☐ Text Cell ☐ Text Pager

Contact 5:

Name: _____

Number or Email: _____

Wireless Provider: (Required for Cell/Pager Text Messaging) _____

Contact 5 – Available For: ☐ Branch Hours -or- ☐ After Hours

Contact Via (check one):

☐ Phone ☐ Voice Mail

☐ Pager ☐ Email

☐ Text Cell ☐ Text Pager

TELECOMMUNICATIONS CONTACT (if different from above):

Contact 1:

Name: _____

Number or Email: _____

Contact 1 – Available For: ☐ Branch Hours ☐ After Hours

Contact 2 (optional):

Name: _____

Number or Email: _____

Contact 2 – Available For: ☐ Branch Hours ☐ After Hours

Special Comments/Instructions:

NAME, PHONE & EMAIL (required for confirmation): _____

Client's Authorizing Signature: _____