



**REGIONS COMMITMENT TO THE MILITARY  
ATM BENEFIT EXCEPTION PROCESS FORM**

**Date** \_\_\_\_\_

**Customer Name(s) on Account**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customer Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Customer Phone Number** \_\_\_\_\_

**Customer Email Address** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Requestor's Printed Name** \_\_\_\_\_

**DOD #** \_\_\_\_\_

Include copy of Military Orders or Military POA with this form.

Fax to **205-560-3879** or mail to **P.O. BOX 830805 Birmingham, AL 35283**

**Processing Branch or Contact Center  
Associate's Printed Name** \_\_\_\_\_  
(Internal Use Only)

**Processing Branch or Contact Center  
Associate's Phone Number** \_\_\_\_\_  
(Internal Use Only)