

SAFE DEPOSIT BOX KEY DUPLICATION BY MAIL REQUEST FORM

Date _____

Diebold Direct Key Code _____

Box Number _____

Key Number _____

KEY RETURN INFORMATION:

Ship To Name/Attention _____

Mailing Address _____

Mailing Address 2 _____

City _____ State _____ Zip Code _____

Contact Phone _____

AUTHORIZATION

Lessee(s) Signature (*if customer owned*) _____

Bank Authorizing Signature / Title: _____

(Cannot process order without signature)

Contact Phone: _____

MAILING INFORMATION

Send request via UPS, FedEx or Certified Mail to:

*DieboldDirect
C/O Key Duplication
5995 Mayfair Road
North Canton, OH 44720*

Check Box for Expedited Service
(Additional shipping charge for expedited service)

This form authorizes Diebold, Inc. to provide one (1) duplicate **Safe Deposit** key for the sample provided.