INFORMATIONAL STATEMENT FOR THE ESTABLISHMENT OF AN ELECTRONIC SATELLITE TERMINAL

Please forward to appropriate administrator (check one). NOTE: Administrator approval is required each time a NEW location is used.

BANKS AND THRIFTS

☐ Department of Ins and Fin Svcs
Division of Banking
1963 Bell Avenue, Suite 201
Des Moines, IA 50315
ATM@idob.state.ia.us

CREDIT UNIONS

☐ Department of Ins and Fin Svcs
Credit Union Division
1963 Bell Avenue, Suite 400
Des Moines, IA 50315

FINANCIAL INSTITUTION

Name of Financial Institution

Street Address

City County Zip

TERMINAL LOCATION

Location of Terminal

Street Address

City County Zip

AVAILABLE SERVICES

☐ Deposits ☐ Transfer *(checking/savings)* Balance
☐ Withdrawals ☐ Inquiry
☐ Cash Advances ☐ Other *(explain)*_______

PERMANENT OR TEMPORARY

Is this ATM location permanent or temporary?
◯ Permanent ◯ Temporary
◯ One time ◯ Annual
Dates terminal is to be operational _____

SATELLITE

◯ ATM (Automated Teller Machine) _____ # machines
◯ ITM (Interactive Teller Machine) _____ # machines

FEE SCHEDULE

☐ ITS, Inc. ☐ Other *(Attach schedule)*

Individual statements must be filed with the appropriate administrator for each satellite terminal.

Attach copies of the following:

1. Agreement between applicant and person controlling the physical location at which satellite terminal is placed, specifying terms and conditions, including any fees and charges, under which terminal will be operated.
2. Agreement between applicant and any data processing center that will process transactions originating at the terminal.
3. Agreement between applicant and central routing unit that will route transactions originating at the terminal (ITS, Inc., Processing Agreement or SHAZAM, Inc., Processing Agreement).

I have read Iowa Code Chapter 527 in its entirety and agree to comply with its provisions. I agree to notify your office of any change in the status of this satellite terminal, including the addition of any new ATMs at this location.

APPLICANT

Signature

Printed Name and Title

Date Phone

Email Address

APPROVED

Administrator

Date Approved

Extension/Withdrawal Date