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

CREDIT UNIONS

Department of Ins and Fin Svcs Credit Union Division

200 East Grand Avenue, Suite 300 Des Moines, IA 50309-1827 ATM@idob.state.ia.us	200 East Grand Avenue, Suite 370 Des Moines, IA 50309	
FINANCIAL INSTITUTION	TERMINAL LOCATION	
Name of Financial Institution	Location of Terminal	
Street Address	Street Address	
City County Zip	City County Zip	
AVAILABLE SERVICES	PERMANENT OR TEMPORARY	
Deposits Transfer (checking/savings) Balance Withdrawals Inquiry Cash Advances Other (explain)	Is this ATM location permanent or temporary? Permanent Temporary One time Annual Dates terminal is to be operational	
SATELLITE	FEE SCHEDULE	
ATM (Automated Teller Machine) # machines ITM (Interactive Teller Machine) # machines	ITS, Inc. Other (Attach schedule)	
Individual statements must be filed with the appropriate administr	ator for each satellite terminal.	
conditions, including any fees and charges, under which te 2. Agreement between applicant and any data processing cen 3. Agreement between applicant and central routing unit that Agreement or SHAZAM, Inc., Processing Agreement).	ter that will process transactions originating at the terminal. will route transactions originating at the terminal (ITS, Inc., Processing	
I have read Iowa Code Chapter 527 in its entirety and agree to com-	ply with its provisions. Lagree to notify your office of any change in the	

nave read Iowa Code Chapter 52/ in its entirety and agree to comply with its provisions. I agree to notify your office of any change in the tatus of this satellite terminal, including the addition of any new ATMs at this location.

status of this satellite terminal, inc	luding the addition of any new A1Ms at this	location.
	APPLICANT	APPROVED
Signature		Administrator
Printed Name and Title		Date Approved
Date	Phone	Extension/Withdrawal Date
Email Address		