

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
200 East Grand Avenue, Suite 300
Des Moines, IA 50309-1827
ATM@idob.state.ia.us

CREDIT UNIONS

Department of Ins and Fin Svcs
Credit Union Division
200 East Grand Avenue, Suite 370
Des Moines, IA 50309

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

APPROVED

Signature

Administrator

Printed Name and Title

Date Approved

Date

Phone

Extension/Withdrawal Date

Email Address