## 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 Commerce Division of Banking 200 East Grand Avenue, Suite 300 Des Moines, IA 50309-1827

## **CREDIT UNIONS**

Department of Commerce Credit Union Division 200 East Grand Avenue, Suite 370 Des Moines, IA 50309

| 200 East Grand Avenue, Suite 300<br>Des Moines, IA 50309-1827  | 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 ITS, Inc. Other (Attach schedule)  ITM (Interactive Teller Machine)# machines   |   |  |
| Individual statements must be filed with the appropriate administrate  | or for each satellite terminal.   |  |
| conditions, including any fees and charges, under which term 2. Agreement between applicant and any data processing center 3. Agreement between applicant and central routing unit that wi 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

| status of this satellite terminal, incl | uding 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                           |  |                           |