INFORMATIONAL STATEMENT FOR THE ESTABLISHMENT OF AN ELECTRONIC SATELLITE TERMINAL

Please forward to appropriate administrator (check one):

BANKS AND THRIFTS			CREDIT UNIONS		
Department of Commerce Division of Banking 200 East Grand Avenue, Suite 300 Des Moines, IA 50309-1827			Department of Commerce Credit Union Division 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 Withdrawals Cash Advan	~	Transfer (<i>checking/savings</i>) Balance Inquiry Other (<i>explain</i>)	Permanent Dates terminal is	ion permanent or tempor Temporary One time to be operational UD approval is required o	Annual
SATELLITE			FEE SCHEDULE		
ATM (Automated Teller Machine) (No. of terminals being established)			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).

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 Approved

Administrator

Date

Phone

Extension/Withdrawal Date

APPROVED