

**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**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name and Title

\_\_\_\_\_  
 Date Phone

\_\_\_\_\_  
 Email Address

**APPROVED**

\_\_\_\_\_  
 Administrator

\_\_\_\_\_  
 Date Approved

\_\_\_\_\_  
 Extension/Withdrawal Date