

State of Iowa Division of Credit Unions

Interactive Teller Machine (ITM) Addendum

Date:

Name of Credit Union:

Principal Office Address:

The following questions must be answered in addition to the ATM Application in order to apply for an ITM.

1. Distance of proposed ITM from closest existing credit union branch:
2. Total estimated site, structure, and purchasing costs of proposed ITM:
3. Estimated total monthly operating costs of proposed ITM:
4. Required number of staff to operate proposed ITM and location of employment:

Employee Type	Number	Locations
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- | | | |
|----------------------|--|--|
| a. Current Employees | | |
| b. New hire(s) | | |

5. Services offered at proposed ITM:

6. Form completed by: _____

Name

Title

7. Certification: We hereby certify and declare that the information included in this ITM Addendum and all attachments to be true and correct to the best of our knowledge and belief. We agree to comply with the provisions of all laws and rules promulgated by the Iowa Division of Credit Unions applicable to ITMs.

Signed for the Board of Directors: _____

Chairperson/Vice Chairperson	Date
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APPROVED

DENIED

Superintendent

Iowa Division of Credit Unions