

STATE OF WISCONSIN
Department of Financial Institutions



Division of Banking
PO Box 7876
Madison, WI 53707-7876
Telephone: (608) 261-7578
Fax: (608) 267-6889
www.wdfi.org

**CUSTOMER BANK
COMMUNICATIONS TERMINAL
APPLICATION**

APPLICANT INFORMATION			
Name of Bank:			Date of Application:
Street Address <i>(include mailing address if different)</i> :			Telephone Number:
City:	State:	Zip:	Fax Number:
Name/Title/Affiliation of Person Responsible For Responding To Questions Relating to The Application:			Telephone Number <i>(if different from above)</i>

GENERAL INFORMATION

STATUTORY REQUIREMENTS

Section 221.0303, Wis. Stats., permits a bank to use or establish terminals in accordance with Chapter DFI-Bkg 14, Adm. Code. In general, Chapter 14 indicates no bank may establish a CBCT terminal or permit its customers to use an ATM/Debit card unless the bank files an application, called "Notification", and obtains the approval of the Division in writing or the Division does not take written objection to the bank's completed application within 30 days after it has been filed with the Division. **You are advised to read and understand Chapter DFI-Bkg 14 and the Operating Rules and Regulations of the System the bank will be participating in, i.e. Pulse, Instant Cash, Shazam, etc.**

APPLICATION FORM:

Print or type the requested information in the spaces provided. The completed application should be forwarded to the Division at the above address. The Applicant should retain a copy of the application for its file. The Bank will be notified if the application is approved within 30 days of filing the application. **A copy of the ATM Card Rules and Disclosures that the Bank provides to its customers should be submitted along with the application.**

QUESTIONS:

Questions regarding the application can be directed to 608-266-0446.

FEE:

None

PUBLIC INFORMATION:

This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies.

AMERICANS WITH DISABILITIES ACT:

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

PUBLICATION REQUIREMENT:

None

CBCT/RSU NOTIFICATION

Please complete numbers 1 through 5 below. In item 5, identify the services that the bank will be making available to its customers in the foreseeable future. It is understood that the items checked may not be available at each type of terminal.

<p>1. This Notification is for <i>(check one)</i>:</p> <p><input type="checkbox"/> Approval of new system</p> <p><input type="checkbox"/> Participation in existing system</p> <p><input type="checkbox"/> Modification of existing system <i>(including addition of terminals)</i></p> <p><input type="checkbox"/> Termination of participation in a system</p>	<p>2. CBCT/RSU System <i>(name and address of system, i.e. Pulse, Instant Cash, Shazam, etc.)</i></p>																																																
	<p>3. Proposed commencement date in the operation or participation in the system:</p>																																																
	<p>4. Modification or Termination Effective:</p>																																																
<p>5. Identify each CBCT/RSU Customer Services Available to Customers:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Cash withdrawal from checking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>h. Payment to credit card</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Cash withdrawal from savings</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>i. Payment enclosed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Cash advance from credit</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>j. Check</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Deposit to checking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>k. Funds transfer from customer checking to merchant account</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Deposit to savings</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>l. Funds transfer from customer savings to merchant account</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Transfer checking to savings</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>m. Payment by merchant to credit card</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Transfer savings to checking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No		Yes	No	a. Cash withdrawal from checking	<input type="checkbox"/>	<input type="checkbox"/>	h. Payment to credit card	<input type="checkbox"/>	<input type="checkbox"/>	b. Cash withdrawal from savings	<input type="checkbox"/>	<input type="checkbox"/>	i. Payment enclosed	<input type="checkbox"/>	<input type="checkbox"/>	c. Cash advance from credit	<input type="checkbox"/>	<input type="checkbox"/>	j. Check	<input type="checkbox"/>	<input type="checkbox"/>	d. Deposit to checking	<input type="checkbox"/>	<input type="checkbox"/>	k. Funds transfer from customer checking to merchant account	<input type="checkbox"/>	<input type="checkbox"/>	e. Deposit to savings	<input type="checkbox"/>	<input type="checkbox"/>	l. Funds transfer from customer savings to merchant account	<input type="checkbox"/>	<input type="checkbox"/>	f. Transfer checking to savings	<input type="checkbox"/>	<input type="checkbox"/>	m. Payment by merchant to credit card	<input type="checkbox"/>	<input type="checkbox"/>	g. Transfer savings to checking	<input type="checkbox"/>	<input type="checkbox"/>			
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WRITTEN DISCLOSURE REQUIREMENTS

Prior to submitting the proposed ATM Card Rules and Disclosures, the bank should ensure the following items from Chapter DFI-Bkg 14.08 are addressed.

<u>CHAPTER</u>	<u>REQUIREMENT</u>
14.08(3)(a)	Limitations on customer liability for unauthorized use <i>(limitations found under (14.07(2))</i> including address and phone number to notify if card is lost or stolen.
14.08(3)(b)	Right to a periodic statement – once a month or quarterly depending on frequency.
14.08(3)(c)	Specific transactions, which subject to capabilities of individual terminals, may be performed.
14.08(3)(d)	Any charge to the customer for account maintenance or for the use of the CBCT.
14.08(3)(e)	Any limitation imposed on the number of CBCT transactions permitted within any given time period.

NOTIFICATION SCHEDULES

Attach the following schedules to the Notification. The Bank may use the sample schedules provided below and on Page 4:

- SCHEDULE 1** Describe all consumer protection procedures, including those against unauthorized or fraudulent access, the correction of billing or customer operation errors, the processing and resolution of customer complaints and other accidental disclosure of confidential information. *(See Chapter DFI-Bkg 14.06, 14.08 – Include copy of disclosures to customers.)*
- SCHEDULE 2** Include copy of customer liability statement covering unauthorized use or fraudulent access and describe procedure for distribution to customers. *(See Chapter DFI-Bkg 14.07)*
- SCHEDULE 3** List bank's terminal locations. (Terminal location schedule form is attached on page 5.)
- SCHEDULE 4** Describe all fees and charges assessed to you as a participant, including those of the switch corporation or other routing center, your lease and equipment acquisition costs, together with the method of amortization or depreciation and any charges assessed by any other financial institution.
- SCHEDULE 5** If your customer will not have access to some services at all customer terminals in the CBCT/RSU System, describe the limitations.

NOTIFICATION SCHEDULE SAMPLES

Complete the schedules as requested above either by completing the following sample schedules *(based on the operating rules of the system you belong to)* or prepare the schedules in your own format. The Schedules should be submitted with the Application.

SCHEDULE 1 - CONSUMER PROTECTIONS

Consumer Protection procedures are described in the Operating Rules and Regulations of _____ *(Same as question 2 on Page 2)*. A copy of our proposed ATM Card Rules containing disclosures to customers and additional consumer protection procedures is enclosed. The PIN numbers will not be retained in the clear. Correction of billing and customer operation errors will be handled by the bank's customer service department at (_____ phone number) which will respond to customer complaints and inquiries. All complaints and inquiries will be handled promptly. The procedure for prevention of the accidental disclosure of confidential information will be for the bank employee answering the inquiry to ask sufficient questions of the caller to enable the employee to verify the identity of the caller.

SCHEDULE 2 - LIABILITY STATEMENT

Customer liability statement can be found on page _____ of our ATM Card Rules. A copy of the statement will be mailed to the Customer with the card with the application for a card. We will issue cards only in response to a request or application for them. The PIN numbers and the cards will be mailed separately.

SCHEDULE 3 - TERMINAL SCHEDULE

Our customers will have access to all terminals participating in the System *(noted on page 2, question 2)*:

- except those listed on the attached list.
- In addition, we plan to own or lease the terminal(s) described in the attached Terminal Schedule.

NOTIFICATION SCHEDULE SAMPLES (Cont.)

SCHEDULE 4 – FEES AND CHARGES

Fees and charges assessable to us as a member of the System *(noted on page 2, question 2)* are described in Chapter ____ of the Operating Rules and Regulations of the System. Our membership fee with the System is \$_____.

- We do not currently plan to own or lease or be responsible for the installation, maintenance or operation of any terminals. We will submit an amended notification to you if we change these plans.
- Our lease and/or equipment acquisition costs and method of depreciation are as follow:
_____.

SCHEDULE 5 - LIMITATIONS ON ACCESS

Our customers will have access to all services performed by the terminals, except payment to merchant by credit card will not be available at terminals whose merchants have not entered into separate charge card agreements. In addition, our customers will not have access to the following services:

- (a) none.
- (b) credit card services through terminals including cash advance from credit card, payment to credit card, and payment to merchant by credit card because we are not a participating charge card bank, or we initially plan to market our charge and debit cards separately.
- (c) other *(indicate reason)* _____.

APPLICANT ACTION

This information and the attached schedules are provided in accordance with Section 221.0303, Wis. Stats., and the regulations governing customer bank communications terminals and remote service units. The information is true and correct to the best of my knowledge.

 Signature of Authorized Officer

 Date

DIVISION ACTION

Date Application Filed:

Application Approved:

Date Approved/Denied:

Yes No

CBCT/RSU TERMINAL SCHEDULE 3

Instructions:

1. General Location - Describe type of business or common area at which each of your terminals is located.
2. Terminal Functions - Insert numerical designation of all that apply: 1) Deposit, 2) Cash Withdrawal 3) Funds Transfer, 4) Other-attach description.

GENERAL LOCATION	TERMINAL ADDRESS <small>(street & city)</small>	TYPE OF TERMINAL <small>(mfgr. & model)</small>	ATTENDED		ON-LINE	OFF-LINE	TERMINAL FUNCTION	OWNED	LEASED
			YES	NO					