

NOTICE TO ESTABLISH AN EFT TERMINAL
INFORMATION AND INSTRUCTIONS

This form is designed to elicit the minimum information needed by the Bureau of Financial Institutions to determine whether a particular bank ought to be given authority to establish and operate an off-premises Electronic Funds Transfer (EFT) terminal, pursuant to § 6.2-832 of the Code of Virginia. Notice is required in the case of any off-premises terminal at which deposits are received or recorded or loan proceeds disbursed. Additional information may be required in some cases, and the right to request such information is hereby reserved. When space allowed is insufficient, a separate page should be used. Additional information and documents must be filed on 8½" x 11" paper.

The following documents must be submitted with the notice:

1. A check for \$350, payable to the Treasurer of Virginia.
2. The bank - customer agreement governing use of the terminal and setting forth the rights and liabilities.
3. A sample transaction record and periodic statement.

Any terminal for which notice has been submitted may be opened for business after twenty-five days have elapsed from the date on which the notice was received by the Bureau, unless prior to the expiration of twenty-five days the Bureau has notified the bank not to open the proposed terminal. In any case, a terminal may be opened for business as soon as the Bureau approves in writing the request for such terminal.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment any documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at www.scc.virginia.gov/bfi.

Information about appeals: All applications are investigated by the Bureau of Financial Institutions. Certain application decisions are made by the Commissioner of Financial Institutions under delegated authority from the State Corporation Commission. In the event you wish to appeal either a determination made by the Bureau of Financial Institutions in the course of its investigation of your application or the Commissioner of Financial Institutions' decision on your application, you may request a formal review by the State Corporation Commission in accordance with its Rules of Practice and Procedure (www.scc.virginia.gov/case).

Inquiries concerning the preparation and filing of this application should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. [Telephone (804) 371-9690; Fax: (804) 371-9416]

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**Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640**

CORPORATE NAME AND ADDRESS OF BANK GIVING NOTICE

PROPOSED LOCATION OF EFT TERMINAL (Street, City, or Town and County or other identification)	EXPECTED DATE OF OPERATION
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INDICATE WHETHER THE LAND, PREMISES, AND TERMINAL WILL BE LEASED OR PURCHASED AND THE ASSOCIATED COSTS. SHOW THE NAMES OF SELLERS OR LESSORS AND INDICATE WHETHER THEY ARE RELATED TO OR CONNECTED IN ANY WAY WITH THE APPLICANT.

STATE THE FUNCTIONS THE TERMINAL WILL BE PERFORMING

INDICATE THE MAXIMUM AMOUNT AND FREQUENCY OF WITHDRAWALS

GIVE DETAILS OF ANY SERVICE OR TRANSACTION CHARGES FOR USAGE OF TERMINAL

LIST NAMES OF PARTICIPATING NETWORKS

CERTIFICATION

The undersigned certifies that he/she believes the facts contained in this notice and all accompanying schedules and statements are true and that he/she has been duly authorized to file this notice.

NAME

SIGNATURE

DATE

TITLE

TELEPHONE NUMBER/E-MAIL ADDRESS