



State of Rhode Island
Department of Business Regulation



DIVISION OF BANKING

1511 Pontiac Avenue, Building 68-2

Cranston, RI 02920

Telephone (401) 462-9503 - Facsimile (401) 462-9532

REQUEST TO ESTABLISH A CUSTOMER-BANK-COMMUNICATION-TERMINAL

Name of Applicant: _____

Address: _____

City: _____

State & Zip Code: _____

Date of Filing: _____

Request is hereby made pursuant to R. I. Gen. Laws ' 19-3-13 for approval to establish a customer-Bank-Communication-Terminal (CBCT)/(ATM). The following information is required for state-chartered regulated institutions to establish a Customer-Bank-Communication-Terminal (CBCT)/(ATM).

1. Location of CBCT/ATM

Address: _____

City : _____

State & Zip Code: _____

2. Area Location

Provide a general description of the area where located (e.g., main office, branch office, shopping center, supermarket, department store, etc.) and a description of the manner of installation at that location (e.g., free standing, in-wall, indoors, outdoors).

3. Manner of Operation

Describe the manner of the unit's activation (e.g., customer identification number, plastic card, etc.) including whether the device is on-line and time of customers' access to the unit.

4. Types of Transactions

Describe the kinds of transactions that will be performed (e.g., deposits, withdrawals, etc.).

5. Staffing

Explain whether the device will be manned and, if so, by whose employees.

6. Sharing

Explain whether the device will be shared and, if so, under what terms and with what other institutions and their locations.

7. Manufacturer/Price

Provide the name and address of the manufacturer and, if owned, the purchase price or, if leased, the lease terms and the name and address of the lessor.

8. Consumer Protection

Describe consumer protection procedures to be implemented, including the disclosure of the rights and liabilities of consumers and the protection against wrongful or accidental disclosure of confidential information. Submit a copy of applicable disclosures to be used.

9. Nearest Branch/Nearest (CBCT)(ATM)

Provide the distance from the nearest branch and from the nearest similar device of the applicant financial institution.

10. Competitor's Nearest Branch/Nearest (CBCT)(ATM)

Provide the distance from the nearest branch of a competing financial institution and the nearest similar device of another financial institution which will not share the facility, and the name and address of such competing financial institution.

11. Security Measures

Information on the security provisions protecting the installation and its users.

Does the institution's security program provide for a schedule of Inspecting, testing, and servicing of security devices

installed at each CBCT/ATM? YES____ NO____

Will a record of such inspections, testing, and servicing, be maintained? YES____ NO____

Will procedures be in place for safely removing excess currency? YES____ NO____

Will the CBCT/ATM be securely anchored to the premises where located or weigh at least 750 pounds empty?

YES____ NO____

Will the CBCT/ATM be alarmed and located in a well lighted area? YES____ NO____

A "NO" response to any of the above must be accompanied by an explanation and an alternative safeguard.

12. Insurance

Describe the insurance and bond coverage to be obtained.

13. Other

Provide any other information pertinent to the installation that might be requested by the director of business regulation.

Note: in answering questions contained in this application, use supporting schedules if additional space is required.

The undersigned certifies that all information contained herein, and all documents appended hereto, are true and accurate, to the best of his/her knowledge and belief.

By: _____
(Please Print)

Signed _____

Title _____