

NOTICE OF CONSUMER BANKING ELECTRONIC FACILITY  
(Title 6 O.S. Section 422)



OKLAHOMA STATE BANKING DEPARTMENT  
2900 N. LINCOLN BLVD.  
OKLAHOMA CITY, OKLAHOMA 73105

Name of Institution or Company \_\_\_\_\_

Address (Main Office) \_\_\_\_\_  
Street City State Zip

Date of Application \_\_\_\_\_

*REQUESTS FOR ADDITIONAL INFORMATION OR OTHER COMMUNICATIONS  
ABOUT THIS NOTICE SHOULD BE DIRECTED TO:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Answer all parts of this notice. If additional space is needed, supplement with additional pages and with a clear reference in the space provided to the supplemental page(s). If any part of the application does not apply, write "n/a".

1. Proposed Location of Facility: \_\_\_\_\_  
Street City State Zip

2. Type of Operation:  
\_\_\_\_ Automated Teller Machine \_\_\_\_\_ Cash Dispensing Machine  
\_\_\_\_ Point of Sale Terminal \_\_\_\_\_ Check Authorization and Guaranty  
\_\_\_\_ Other (describe)\_\_\_\_\_

3. List any agency (other than the Oklahoma Banking Department) that has issued a license or otherwise has regulatory or supervisory authority over your institution or company: \_\_\_\_\_  
\_\_\_\_\_

4. Does the institution or company that owns the facility have a bond or insurance covering the operation of the facility? \_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide the following information regarding the bonding company:  
Amount of Coverage: \_\_\_\_\_  
Name/Address of Company: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

5. Has the institution or company that owns the facility ever been subject to an investigation, fine, disciplinary proceeding, or civil money penalty by a government authority with respect to its ownership or operation of consumer banking electronic facilities?  
\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

6. Will the facility be shared with another institution or company? \_\_\_\_ Yes. \_\_\_\_\_ No.  
If yes, with whom? \_\_\_\_\_

7. If the institution or company that owns the facility is not an Oklahoma state-chartered bank, savings association or credit union, or a national bank with its main office located in Oklahoma, the institution or company must file a Registration Statement before, or along with, the filing of this notice. A Registration Statement may be obtained from the Oklahoma State Banking Department’s website at [www.ok.gov/banking](http://www.ok.gov/banking).

8. Submit this notice to: Oklahoma State Banking Department, 2900 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105.

*It is hereby certified that all representations and information in this application and any other document submitted in connection with this application contain no misrepresentations or omissions of material facts.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (must be president or other authorized officer)