



**Illinois Department of Financial and Professional Regulation**  
**Division of Banking**

PAT QUINN  
Governor

MICHAEL T. McRAITH  
Acting Secretary

JORGE A. SOLIS  
Director  
Division of Banking

**MEMORANDUM**

**TO:** All Owners of Cash Dispensing Terminals  
**FROM:** Jorge A. Solis, Director of Banking  
**DATE:** June 15, 2009  
**SUBJECT:** Annual Directory of Cash-Dispensing Terminals

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Pursuant to Section 30 of the Electronic Funds Transfer Act, 205 ILCS 616/30 (B) (2006), persons who own a cash-dispensing terminal(s) in Illinois are required to file with the Department of Financial and Professional Regulation a full and accurate statement of information of ownership, once per calendar year.

The completed form should be sent to the following postmarked no later than **Monday, July 20, 2009**:

Compliance Reporting Section  
Illinois Department of Financial and Professional Regulation  
Division of Banking  
320 West Washington Street, 6<sup>th</sup> Floor  
Springfield, Illinois 62786

Forms can be submitted electronically and are available on our website at <http://www.obre.state.il.us/cbt/OTHIND/atms.HTM>. Electronic forms should be sent to [IL.banks@illinois.gov](mailto:IL.banks@illinois.gov).

If there is more than one location address, please submit the terminal information electronically to the above email address. Your submission must be in the same format as the spreadsheet found online. The "Terminal Registration Spreadsheet" is available for download at <http://www.obre.state.il.us/cbt/FORMS/TermRegistration.xls>.

Questions concerning the completion of this form may be addressed to the Division of Banking at (217) 558-4938 or by electronic mail at [IL.banks@illinois.gov](mailto:IL.banks@illinois.gov).

Thank you for your cooperation.

JAS:vr  
Enclosures

**STATE OF ILLINOIS**  
**Department of Financial and Professional Regulation**  
**Division of Banking**



**Notice of Establishment or Ownership of  
a Cash Dispensing Terminal**

Section 30(B) of the Illinois Electronic Funds Transfer Act, 205 ILCS 616/30(B) (2006), requires that a person other than a financial institution or an affiliate of a financial institution may establish, in whole or in part, a cash dispensing terminal at which an interchange transaction may be performed, provided that the terminal does not accept deposits of funds into an account, and provided that the person establishing or owning the terminal shall file a notice of establishment or ownership of a terminal with the Secretary of the Department of Financial and Professional Regulation.

The completed form should be sent to:

**Compliance Reporting Section  
Illinois Department of Financial  
and Professional Regulation  
Division of Banking  
320 West Washington Street  
Springfield, Illinois 62786**

Print or type all entries. Forms can be submitted electronically and are available on our website at <http://www.obre.state.il.us/cbt/OTHIND/atms.HTM>. Electronic forms should be sent to [IL.banks@illinois.gov](mailto:IL.banks@illinois.gov).

The completion of this form is required. Failure to file the form with the Secretary within 60 days of the establishment or acquisition of an ownership interest in the terminal may result in a civil monetary penalty. This form has been approved by the State Forms Management Center.

Questions concerning the completion of this form may be addressed to the Division of Banking at (217) 558-4938 or by electronic mail at [IL.banks@illinois.gov](mailto:IL.banks@illinois.gov).

**STATE OF ILLINOIS**  
**Department of Financial and Professional Regulation**  
**Division of Banking**  
**Notice of Establishment or Ownership of a Cash Dispensing Terminal**

**Owner(s) of Terminal**

Percent of Ownership

Please Print or Type

Business Name:

Name(s) of Owner(s):

Address:

City/State/Zip Code:

**Principal Contact Person**

Name:

Title:

Street Address:

City:

State:

Zip Code:

Phone: (     )     )

Fax: (     )     )

Email:

Contact Information for Consumers:

Contact Name:

Phone Number:     (     )     )

Fax Number:     (     )     )

Email:

**Terminal Information** *(If location address is different than address provided for "Owner(s) of Terminal", please submit the terminal information via email using an Excel spreadsheet to [IL.banks@illinois.gov](mailto:IL.banks@illinois.gov). Your submission must be in the same format as the spreadsheet found online. The "Terminal Registration Spreadsheet" is available for download at <http://www.obre.state.il.us/cbt/FORMS/TermRegistration.xls>.)*

Location Name

Location (street address)

City

Identifying Number (if any)

**CERTIFICATION**

I certify that the information provided on this form is true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: (     )     )

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

Date: \_\_\_\_\_

