

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



**Notice of Establishment or Ownership of Cash Dispensing Terminal(s)**

Section 30 of the Illinois Electronic Funds Transfer Act, 205 ILCS 616/30(B), 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 within 60 days of acquisition or establishment and once per calendar year thereafter. **There is no fee for this registration.**

The completed registration form should be sent to:

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

**The completion of these forms is required by State Law.** Failure to file the required forms with the Secretary within 60 days of establishment or acquisition of ownership interest in a(n) ATM terminal(s) or during the annual renewal period as specified may result in a civil monetary penalty. **All registered owners of Non-financial ATM terminal(s) must renew their registration each year as a means to provide an account update as required by State law. All new owners of non-financial ATM machines are required to provide complete information to establish an account for all ATM terminals.** Information on registered cash dispensing terminals and ATM businesses may be viewed on the internet by going to the Department web site at [www.ildpr.com/Banks/CBT/OTHIND/ATMS.asp](http://www.ildpr.com/Banks/CBT/OTHIND/ATMS.asp). This will take you directly to the Agency's *Non-Bank Owned ATMs* page and the *Non-Bank Owned ATM Locator*.

Complete instructions for the Registration form and the Terminal Spreadsheet are included on the reverse side. **Any registration form(s) or terminal spreadsheet(s) may be rejected for any required corrections or omissions of information.** *If you already have terminals registered with the Department and you are attempting to renew those terminals, faster service is obtained by referring to your ATM number (ATM.000####).* This is printed at the top of every renewal form. Questions concerning the completion of this form may be addressed to the Division of Banking at (217) 524-5364 or by electronic mail at [IL.BANKS@Illinois.gov](mailto:IL.BANKS@Illinois.gov).

The form for ATM registration has been modified this year. All previous versions of this form prior to 5/2015 will not be accepted and are obsolete. NOTE: All entries made on the on-line registration form by new ATM registrants will be prompted for responses at the bottom of the page in the status bar in Microsoft Word.

**Instructions for**  
**“Notice of Establishment or Ownership of Cash Dispensing Terminal(s)”**  
**Form:**

**RENEWAL OF CURRENT ATM REGISTRATION:**

All renewals of current ATM registrations with the Department must be submitted on the pre-printed form supplied to the ATM owner/registrant by the Department prior to your expiration date. **Simply make all changes directly on the form by drawing a single line through the incorrect information.** You may use the back of the form if you need more room. If you have any problems, please call the Department at (217) 524-5364. Blank ATM registration forms can be found on our web site at [www.ildpr.com/Banks/CBT/FORMS/BTFORMS.ASP](http://www.ildpr.com/Banks/CBT/FORMS/BTFORMS.ASP) if you are registering new businesses this year. Fill the form in as directed below:

- ATM/Business Name & Address: Name & Address under which you want the **ATM/ATM Business** registered.
- Name of Owner(s): May list more than one, **but the form only prints one name** in renewal.
- 8-Digit SOS Certificate Number: If you are registered with the Illinois Secretary of State’s Business Office as an active corporation or LLC, you will have an 8-digit number for the Corporate filing. **Otherwise**, simply list your FEIN number.
- Number of ATM’s Total number of ATM’s owned by your ATM Business.  
**If you only own one (1) terminal**, you need to enter the terminal ID number in the Terminal ID Section above the signature on the form.  
**If the number is more than one (> 1)**, you must provide an electronic **Excel** spreadsheet to the Department listing all terminals and their locations. This spreadsheet must be e-mailed to [IL.BANKS@Illinois.gov](mailto:IL.BANKS@Illinois.gov) in **Excel**.
- Principal Contact person The person responsible for the renewal and registration of the ATM.
- Consumer Contact person The person to be contacted if a consumer/user has a complaint.
- Terminal information **ALL forms will be rejected without complete terminal information.** If you receive a pre-printed renewal form from the Department, there will be a terminal number **or** the word “List” in this space. This designates the terminal number we currently have on file for your ATM business.
- Signature **The form will be rejected without a valid written signature.**

**NEW ATM REGISTRATION APPLICATIONS -**

All **registration form** entries (*Notice of Establishment or Ownership of Cash Dispensing Terminals*) must be printed or typed, and provide the relevant information requested. **Responses such as, “see above”, “see below”, “same” or “not applicable” or “NA” are not acceptable, and the form must be legible.** Blank registration forms are on our website. The form must be completed, signed, & then mailed, scanned or faxed to (217) 557-0330. **If you have more than one terminal or the terminal is located at a different location than the business, or your renewal form says “List”,** you must submit a terminal spreadsheet. **If you are completing the annual renewal process and the number of cash dispensing terminals owned has increased to two or more (2 +),** you must submit a terminal spreadsheet as noted below.

**Terminal Spreadsheets will NOT be accepted in PDF, TIF/JPEG, faxed, scanned or handwritten form.** Sheets must be submitted electronically in the prescribed Excel format to [IL.BANKS@Illinois.gov](mailto:IL.BANKS@Illinois.gov). The electronic spreadsheet for ATM terminals is located at [www.ildpr.com/Banks/CBT/FORMS/BTFORMS.ASP](http://www.ildpr.com/Banks/CBT/FORMS/BTFORMS.ASP).

Any questions regarding this process can be relayed to the Compliance Supervisor at (217) 524-5364.

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**Owner Information**

**PRINT OR TYPE ONLY**

Sect'y of State # OR FEIN #: \_\_\_\_\_ Number of Terminals: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

ATM/Business Name: {enter FULL name & check applicable box(es)}  Location of ATM Business  
 Location of Single Terminal

Name(s) of Owners: \_\_\_\_\_

ATM/Business Address: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

ATM/Business E-Mail: \_\_\_\_\_ Business web site: \_\_\_\_\_

**Principal Contact Person**

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

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Consumer Contact Information** { 'SAME AS ABOVE' IN THIS SECTION WILL BE REJECTED }

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

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE: The Terminal ID Number is found at the top of every receipt produced or expelled by the ATM machine. Terminal Information: If you own a single terminal AND it is located at the same location as the Business Name, provide the following: Terminal ID Number \_\_\_\_\_ If you own multiple terminals or a single terminal that is not located at the address listed above, submit the appropriate electronic Excel spreadsheet to [IL.BANKS@Illinois.gov](mailto:IL.BANKS@Illinois.gov). Handwritten, Faxed, PDF, JPEG/TIF, & other scanned spreadsheets will not be accepted.** Your EXCEL document must be in the format required by the Department.

**CERTIFICATION**

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

Written Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**In accordance with the Electronic Fund Transfer Act (205 ILCS 616/30B), failure to file this form on an annual basis by the owner(s) of a Non-Financial ATM terminal(s) may be subject to civil penalties of up to \$1,000 for the first failure to comply and up to \$10,000 for the second and each subsequent failure to comply with this Act.**