CERTIFICATION OF ETAs, NEW BRANCHES OR AUTOMATED TELLER MACHINES

> **This certification is not available in AMIS. This form should be submitted with the supporting documentation for the applicable transaction within the BEA Program AMIS Application. Applicants should not report multiple transactions on a single form. A single form is required for each applicable transaction.**

The Applicant does hereby certify that (i) the Applicant has entered into, and is in compliance with, the Financial Agency Agreement with the Treasury Department; and (ii) each ETA for which the Applicant is seeking a BEA Program Award possesses ALL of the characteristics listed below:

- Is an individually-owned account at a Federally-insured financial institution;
- Permits a minimum of four cash withdrawals and four balance inquiries per month, which are included in the monthly fee, through any combination of proprietary ATM transactions and/or over-the-counter transactions;
- Allows access to the insured depository institution's on-line point-of-sale network (if any);
- Requires no minimum balance except as required by Federal or state law;
- Provides a monthly statement;
- Provides the same consumer protections that are available to other account holders at the financial institution;
- Is offered only to individuals receiving Federal benefit, wage, salary, or retirement payments;
- Allows set-off only for fees directly related to the account;
- Is subject to a maximum monthly account-servicing fee of $3.00;
- Is in compliance with its Financial Agency Agreement with the U.S. Department of the Treasury; and
- Be either an interest-bearing or a non-interest bearing account.

Certification for Opening Retail Branch or Automated Teller Machine (ATM)

The Applicant does hereby certify that on (date), it opened a:

☐ New Retail Branch Office
☐ Automated Teller Machine
Located at the following address, and that it will remain in operation for at least the next five years.

_____

(street, city, state, zip)

_____

(11-digit census tract number)

Authorized Representative (name and title) printed:	Date:
Signature	