



Contact Information

Name & Title

Phone Number

Email

Best Time of Day to Contact you:

How did you hear about SSS? (Cold Call, Examiner, Trade Show, Client, Direct Mail, Web Search, etc):

Financial Institution Information *(Information in this section is required for a proposal to be submitted)*

Name of Credit Union

City

State

Name of Core System

of Share Draft (Checking) Accounts

NSF / OD Item Fee

% of NSF Items Paid vs. Returned (approximately)

Average Monthly NSF / OD Income (Minimum of 3, preferably 6 - 12, Month Average)

Transaction Type	Average Monthly # of NSF / OD Items	Average Gross Monthly Income	Average Monthly Charged-Off/Waived	Net Monthly Income
Checks / ACH				
ATM / POS				

(* If your system is unable to separate the NSF Income, please lump together, but make a note letting us know)

Do you offer an Overdraft Line of Credit or Overdraft Sweep? If so, how many accounts have Line of Credit and how many have Sweep?

If applicable, fill in the number of cards issued for share draft accounts for each of the following:

ATM (only): _____

Debit Card (only): _____

ATM / Debit Card: _____

Who is your ATM and/or Debit Card Processor:

Are you in a Real Time or Batch File (PBF) environment:

Have you attempted any form of an "Opt-In" process since REG E took effect? (Y or N)_____ If yes, what did you do (mailer, calls, website, etc...be specific) and how many Opt-Ins do you currently have?

Miscellaneous Information

Are you interested in a presentation? If so, when?

When would you like to start the program?

Do you have any further requests or questions?

Please Fax or Email completed form to:

FAX: (866) 809-6502

Email: sales@smartstepsolutions.com