

Suggested format for ETA Monthly Report

ATTACHMENT A

(Financial Institution Letterhead)

ETASM Provider

ETASM Monthly Report for the month of _____, year _____

(Submit one monthly report for all branches)

Report Number: _____

Today's Date: _____

ETASM Provider Name and Address:

Contact Person: _____

Telephone Number: _____

COMPENSATION INFORMATION

Number of ETAsSM opened during reporting period _____

Amount of compensation due for the reporting period (No. of ETAsSM x \$12.60) \$ _____

ABA Number/Routing Transit Number to receive compensation _____

Account number for deposit of compensation _____

PROGRAM INFORMATION

Opening balance of ETAsSM (at the beginning of reporting period) _____

Number of ETAsSM opened during reporting period _____

Number of ETAsSM closed during reporting period:
by ETASM customers _____

by your Institution _____

Reasons for the Institution closing the account(s) (Specify number)

Fraud: _____ Misuse: _____ Other: _____ (Specify below)

Closing balance of ETAsSM (at the end of the reporting period) _____

Signature of Institution Official _____