**MONTANA DEPARTMENT OF ADMINISTRATION**

**DIVISION OF BANKING AND FINANCIAL INSTITUTIONS**

PO Box 200546, Helena, MT 59620-0546

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# REPORT OF SERVICE AND TECHNOLOGY PROVIDERS

Bank Name: _____

Main Bank Address: _____

City: _____   State: _____   Zip: _____

Contact Person: _____   Title: _____

Phone Number: _____   Email: _____

Provide the following information for each of the categories listed below.

- Vendor Name
- Product
- Version
- Start Date
- Location of  Data (hosted or local)
- Describe Service(s) Provided

CATEGORIES

1. **Core Banking Platform**:  Core banking system used for deposit and loan customer accounts.
2. **Network Service**:  Company that manages your network services, if not managed by in-house IT staff.
3. **ACH**:  System used to process customer and bank ACH files.
4. **Wire System 1**:  System used to process customer and bank wire transfers.
5. **Wire System 2**:  Backup system used to process customer and bank wire transfers.
6. **ATM Network**:  Network that provides your ATM services.
7. **Online Banking Consumer**:  Software provider for consumer online banking product.
8. **Online Banking Business**:  Software provider for business online banking product.
9. **Mobile Banking**:  Software provider for mobile banking product.
10. **Person to Person Payments Consumer**:  Software provider for consumer peer to peer payments.
11. **Person to Person Payments Business**:  Software provider for business peer to peer payments.
12. **Website Hosted By**:  The company that hosts your company website.

13. **Data Communications Between Branches**:  The vendor providing data connectivity between company locations.

14. **Current/Future Fintech Provider**:  If your company currently uses or plans to use a fintech company in the next six months, please provide Fintech information.

15. **Other**:  Enter other critical vendors identified in your IT vendor management plan.

Provide vendor name, product, and termination date of any terminated service and/or technology providers since the last report submission.

**Signature:** _____          **Date:** _____

**Print Name:** _____

**Title**: _____

Please remit report to the Division via email to banking@mt.gov.