

1845 Satellite Blvd, Ste 300  
Duluth, Georgia 30097



Phone: (678) 812-1300  
Fax: (678) 812-1301  
<http://www.co-opngn.net>

*Powered by CUSC's  
Next Generation Network*

## NGN CURE Authorization

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### **Select one:**

- We wish to participate in NGN CURE using the positive balance file
- We wish to have a secondary VPN device at our disaster recovery site
- We wish to change our current NGN CURE configuration as follows
- We no longer wish to participate in the NGN CURE program

### **Current Participant in Shared Branching?**

- Yes             No, we are not currently an online shared branching customer

### **Institution Information:**

Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number:        (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number:            (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Web Page Address: \_\_\_\_\_

Routing & Transit Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

ISO/BIN Number<sup>1</sup>: \_\_\_\_\_

### **Project Lead Contact Information:**

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Phone Number:        (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Number:        (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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<sup>1</sup> The ISO or BIN number is the first 6 digits found on an ATM or debit card. Please list the 6-digit number from your ATM/debit card(s). This number will be a unique number that CO-OP Shared Branching utilizes to identify your organization. If your credit union does not have one, one will be assigned to your organization.

**Credit Union Contact Information:**

The following information is used when operational problems occur, i.e., a reports delivery or settlement problem. Current shared branching participants need not complete this section; CO-OP Shared Branching will utilize the contact information provided in the Shared Branching Questionnaire completed as part of the transition to NGN. ***New credit unions*** signing up with CO-OP Shared Branching for this NGN CURE product must complete this section with the appropriate contact information. Please fill out this form only in Eastern Standard (ET) & Military Time.

The following Business Hours will apply to contacts 1 & 2.

Business Hours (ET & Military)	Begin Time	End Time	Business Hours (ET & Military)	Begin Time	End Time
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

Please use a general name if possible, i.e., Computer room, Branch mgr, Pager, etc.

1st Contact & email address: (Required)						
Phone #		Ext.	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Pager	<input type="checkbox"/> Mobile
2nd Contact & email address: (Optional)						
Phone #		Ext.	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Pager	<input type="checkbox"/> Mobile

The following After Hours will apply to contacts 3 & 4.

After Hours (ET & Military)	Begin Time	End Time	After Hours (ET & Military)	Begin Time	End Time
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

3rd Contact & email address:						
Phone #		Ext.	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Pager	<input type="checkbox"/> Mobile
4th Contact & email address:						
Phone #		Ext.	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Pager	<input type="checkbox"/> Mobile

**Limits** (to be completed by PBF Customers only):

	\$ Limit per visit (0 to unlimited)	# of Trans per day
Deposits		
Withdrawals <sup>2</sup>		
Transfers		

**File transmission** (to be completed by PBF Customers only):

Frequency that the balance file will be provided to CO-OP Shared Branching (check one):

- Daily                       M, W, F                       Weekly

Time of Day (approx) file will be transmitted: \_\_\_\_\_

**Reports Delivery:**

If your credit union does not participate in shared branching in an on-line status and do not have reports delivery information on file with us, please select one of the following options:

- eRemote Email Address(es): \_\_\_\_\_

Please provide us with the email address for reports to be distributed to in the space above. A copy of Monarch Explorer will be provided so you can open and view the reports. CO-OP Shared Branching typically recommends a generic address rather than individual's mail accounts, i.e., reports@abccu.org

- FTPS: If you select this option, please provide a technical contact for FTP download:

Name: \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

CO-OP Shared Branching will provide the IP address, username and password to retrieve reports. This connection requires a Secure FTP based client (SSL) that accepts 128 bit FTP encryption. This access is available to customers downloading reports from CO-OP Shared Branching's public internet address.

**Settlement Information:**

Current shared branching participants need not complete a new Automated Settlement Authorization form; settlement will post to your same corporate account already on file with CO-OP Shared Branching. **New credit unions** signing up with CO-OP Shared Branching for this NGN CURE balance file system only should complete the Automated Settlement Authorization form found on page 9 and return it with this paperwork. Section 2 must be completed by your Corporate Credit Union.

<sup>2</sup> Unlimited up to the available balance amount

**Authorized Individuals:**

Names/Titles of Individuals that will Authorize NGN CURE mode:

- 1. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 3. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Implementation Authorization:**

By completing this form and signing this section, the Credit Union (“You”) agrees to a one-time start up cost then an ongoing monthly fee for **NGN CURE’s** Positive Balance File or VPN device option. Please check with CO-OP Shared Branching or your local shared branching network for the current pricing information.

If your credit union has selected the PBF option, you will be required to send a positive balance file in the appropriate format to CO-OP Shared Branching through a secure channel on a regularly scheduled basis and understand that the credit union’s data will be stored in the NGN CURE database so that transactions may be authorized in the event of a declared disaster. CO-OP Shared Branching, on behalf of itself and its officers, employees, agents and successors and assigns, understands and agrees that any and all such confidential information shall be held in strict confidence and that it will not disclose, sell or distribute such confidential information in any manner to any third party, or in any other manner except in the performance of its relationship with the financial institution without the written consent of the institution or contracted party on behalf of the institution.

CO-OP Shared Branching will reference the instructions you have provided within this document and either approve or deny transaction requests based on this criteria. You understand that your members will be subject to the limits established for deposits, withdrawals and transfers or by the service center’s local policy if those amounts are lower than what is established here. Loans are not currently supported. History, special purchase and check cash transactions will not be available while processing in this environment. CO-OP Shared Branching will update online balances for any withdrawal made so that the member’s daily withdrawal amount cannot exceed the original balance provided by the credit union. CO-OP Shared Branching will not update online balances for deposits, transfers or reversals; members performing those types of transactions will not have immediate access to their funds.

CO-OP Shared Branching will deny any transaction if sufficient funds are not available or the member has exceeded the daily limits you have established.

If your credit union selected the VPN option, you must complete the VPN Installation section of this document. This signed questionnaire becomes CO-OP Shared Branching's authorization to begin all work required to plan and implement the requested connectivity as well as bill all expenses as outlined in the agreement.

***Note:** CO-OP Shared Branching requires a minimum of 2 weeks advanced notice if any of the configuration details outlined in the V-Point section of this document changes after implementation is complete. Late notification may result in loss of connectivity and additional expenses if CO-OP Shared Branching is required to perform emergency, unscheduled maintenance.*

Regardless of which option you choose, once the credit union's normal operations have been restored, it will be the credit union's responsibility to instruct CO-OP Shared Branching to cease authorization of transactions or to restore the VPN connection to the original location.

**Authorized Signature:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax completed forms to CO-OP Shared Branching at (678) 812-1301.**

# Automated Settlement Authorization - CO-OP Shared Branching

(Fill in the information requested below and then send this form to your corporate credit union. Your corporate credit union may ask that you complete other documents before it will complete the bottom section.)

The undersigned credit union ("Credit Union") authorizes CO-OP Shared Branching, originator number, 788121300  
(company name) (number assigned by U.S. Central)  
to initiate automated payments for amounts owed under CO-OP Shared Branching ("Agreement") from Credit Union's account  
(agreement with the Credit Union)  
at its corporate credit union ("Corporate"), designated below. Automated payment will be initiated by CO-OP Shared Branching as  
(company name)  
amounts are due under the terms of the Agreement.

Credit Union Name: \_\_\_\_\_

\* Credit Union Routing & Transit Number: \_\_\_\_\_

\* Note: If you are participating in Automated Settlement with more than one corporate your secondary corporate will be required to assign a pseudo R&T to identify your credit union. If applicable, please provide the pseudo R&T for the corporate indicated on this form.

Eligible Settlement Types: 01 - CO-OP Shared Branching Daily Settlement,  
13 - CO-OP Shared Branching Tran Fee Billing

Your Name, Title: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date - Mo./Day/Yr.)

## To be completed by Corporate Credit Union

(Fill in the information requested below, and then make two copies of this form. Keep one copy for your records, send one copy to the credit union, and forward the original to)

CO-OP Shared Branching, 1845 Satellite Blvd, Suite 300, Duluth, GA 30097.  
(company name and address)

The undersigned Corporate has approved the request of Credit Union named above for facilitation of automated payment of all amounts payable to CO-OP Shared Branching under the Credit union's name \_\_\_\_\_  
(company name) (credit union name)

Corporate warrants that Credit Union has made necessary arrangements and signed all necessary agreements with Corporate to authorize automated payments of all such amounts.

Corporate Name: \_\_\_\_\_

Corporate Routing Number: \_\_\_\_\_

\* Credit Union's Account Number at Corporate: \_\_\_\_\_

\* Note: If this credit union is participating in Automated Settlement with any other corporates, you must assign a pseudo R&T to identify this credit union.

Your Name, Title: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date - Mo./Day/Yr.)

**Termination:** This authorization will become effective upon receipt of a fully completed authorization form by CO-OP Shared Branching  
(company name)  
The authorization will remain in effect until it is withdrawn in writing by the credit union or by the corporate.



Be sure to select the appropriate *V•Point* product and complete the corresponding section A or B. Also, please complete section C if you would like Dial-Backup installed along with option A or B. **(Failure to accurately complete the required fields may delay implementation.)**

A. *V•Point Complete*

Trusted (internal) IP address of the Cisco 871	IP:	Subnet:
Default Gateway for the Trust Network	IP:	
Phone Number on which to order DSL (10 – digits)		

B. *V•Point Basic*  (chose this option if you are using your existing ISP Provider. Be sure to complete all of information in the section below. Inaccuracy could delay implementation)

Unused Public IP address for the Untrusted interface	IP:	Subnet:
Default Gateway for the Untrusted/ Public Network	IP: <b>NOTE:</b> This IP address must be on the same network as the IP for the Untrusted Interface above.	
Unused Private IP for the Trusted interface of the Cisco 871	IP:	Subnet:
Default Gateway for Trust/Private Network	IP:	
Internet Service Provider		
Does your ISP require PPPOE? If yes, please provide the username and password.	Username: Password:	
Service Description (i.e. DSL, T1, Cable) and bandwidth		
Please select your design option from Section III		

C. *Dial Backup*

With V-Point Basic a phone line will be required for dial backup. An existing phone line is adequate as long as it is in close proximity to where the VPN hardware will be installed. Please indicate the number that is dialed first to access an outside line (i.e., 9, etc): \_\_\_\_\_

Is a 10-digit dialing required when dialing a local phone number? \_\_\_\_\_



The following table seeks to obtain information regarding the IP address's of the endpoints sourcing traffic to the router. The endpoint IP address will be the IP address which the routers LAN interface will see traffic sourcing from. You do not need to fill out the middle column as it will be completed by the CO-OP Shared Branching office. Please note that "endpoints" may be terminals, PC's, processing servers, or other hosts.

**Production Host:**

<u>Endpoint IP and System Name</u>	<u>IP which CO-OP Shared Branching knows Endpoint (Completed by CO-OP SB Office)</u>	<u>IP which Endpoint needs access to</u>
Endpoint 1: _____	CO-OP SB NAT 1: _____	Server Access: <u>208.224.249.172</u>
Endpoint 2: _____	CO-OP SB NAT 2: _____	Server Access: <u>208.224.249.172</u>

**Certification Host:**

<u>Endpoint IP and System Name</u>	<u>IP which CO-OP Shared Branching knows Endpoint (Completed by CO-OP SB Office)</u>	<u>IP which Endpoint needs access to</u>
Endpoint 1: _____	CO-OP SB NAT 1: _____	Server Access: <u>208.224.249.173</u>
Endpoint 2: _____	CO-OP SB NAT 2: _____	Server Access: <u>208.224.249.173</u>

**FTP Reports over VPN:**

<u>Endpoint IP and System Name</u>	<u>IP which CO-OP Shared Branching knows Endpoint (Completed by CO-OP SB Office)</u>	<u>IP which Endpoint needs access to</u>
Endpoint 1: _____	CO-OP SB NAT 1: _____	Server Access: <u>208.224.249.174</u>
Endpoint 2: _____	CO-OP SB NAT 2: _____	Server Access: <u>208.224.249.174</u>
Endpoint 3: _____	CO-OP SB NAT 3: _____	Server Access: <u>208.224.249.174</u>
Endpoint 4: _____	CO-OP SB NAT 4: _____	Server Access: <u>208.224.249.174</u>

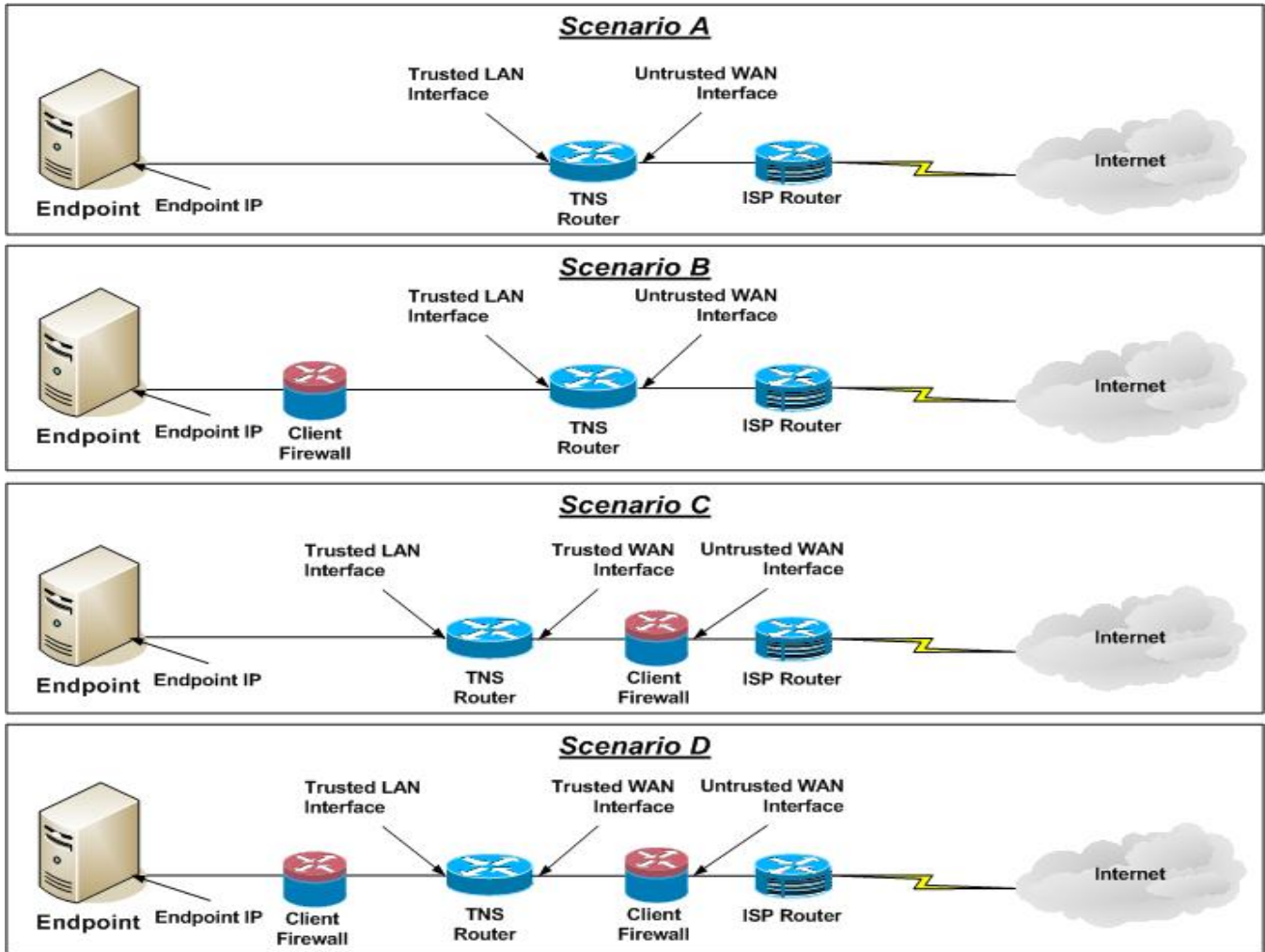
**TellerPlus/CUEpassport:**

<u>Endpoint IP and System Name</u>	<u>IP which CO-OP Shared Branching knows Endpoint (Completed by CO-OP SB Office)</u>	<u>IP which Endpoint needs access to</u>
Endpoint 1: _____	CO-OP SB NAT 1: _____	Server Access: _____
Endpoint 2: _____	CO-OP SB NAT 2: _____	Server Access: _____
Endpoint 3: _____	CO-OP SB NAT 3: _____	Server Access: _____
Endpoint 4: _____	CO-OP SB NAT 4: _____	Server Access: _____

The following table outlines the destination IP addressing which the Client's Endpoint will use for communication with CO-OP Shared Branching. The Client will need to configure the network to route the destinations address's outlined below to the CO-OP Shared Branching router's LAN interface.

<b><u>CO-OP Shared Branching Destination Name</u></b>	<b><u>CO-OP Shared Branching Destination IP</u></b>
NGNIST1 – Production Shared Branching Host	208.224.249.172
NGNIST2 – Certification Shared Branching Host	208.224.249.173
FTP - Reports	208.224.249.174
MPIApp - Tellerplus	208.224.249.175
CUE Passport Server - Web Teller	208.224.249.176

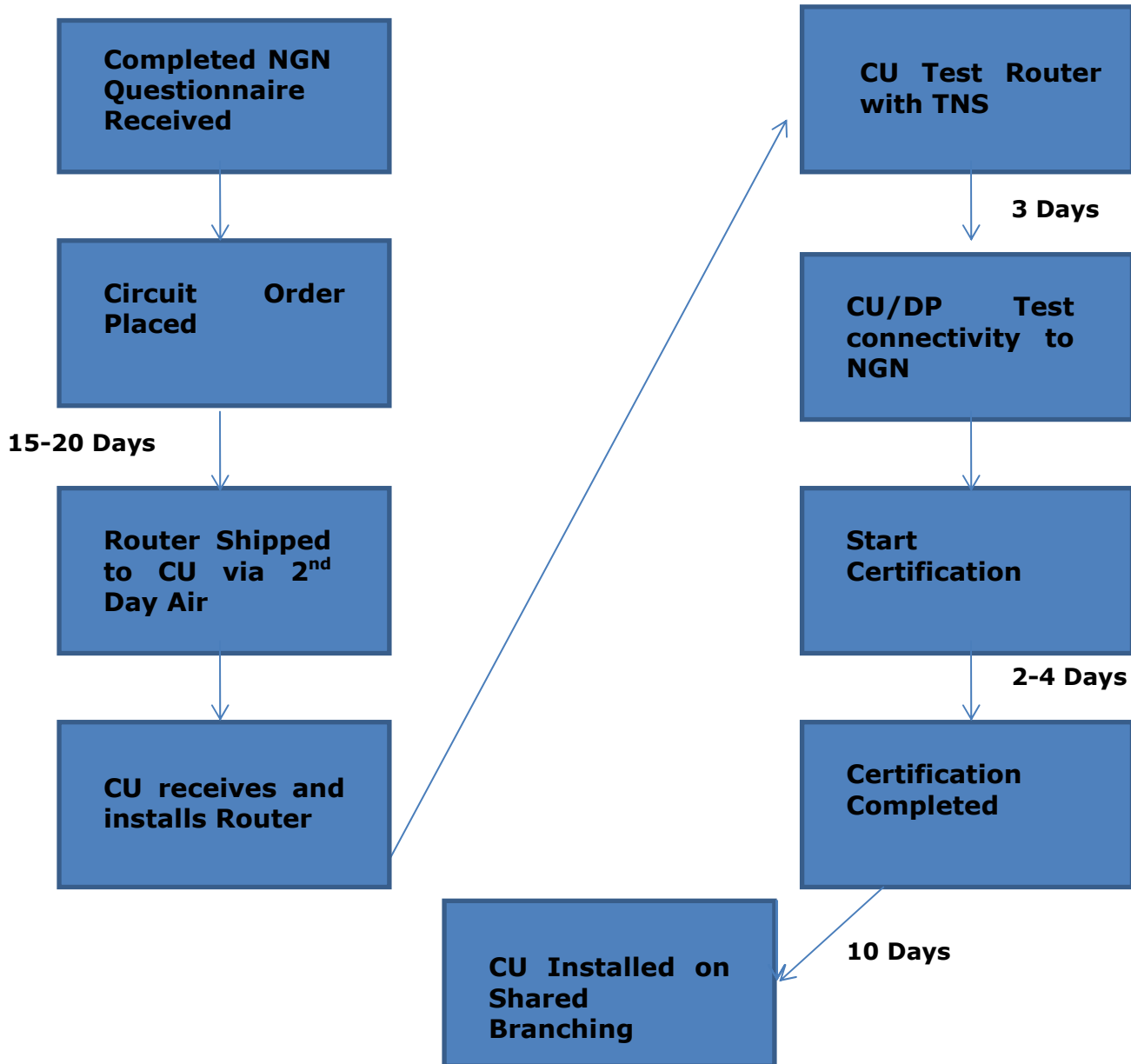
### III. Design Options



#### IV. Implementation Timelines

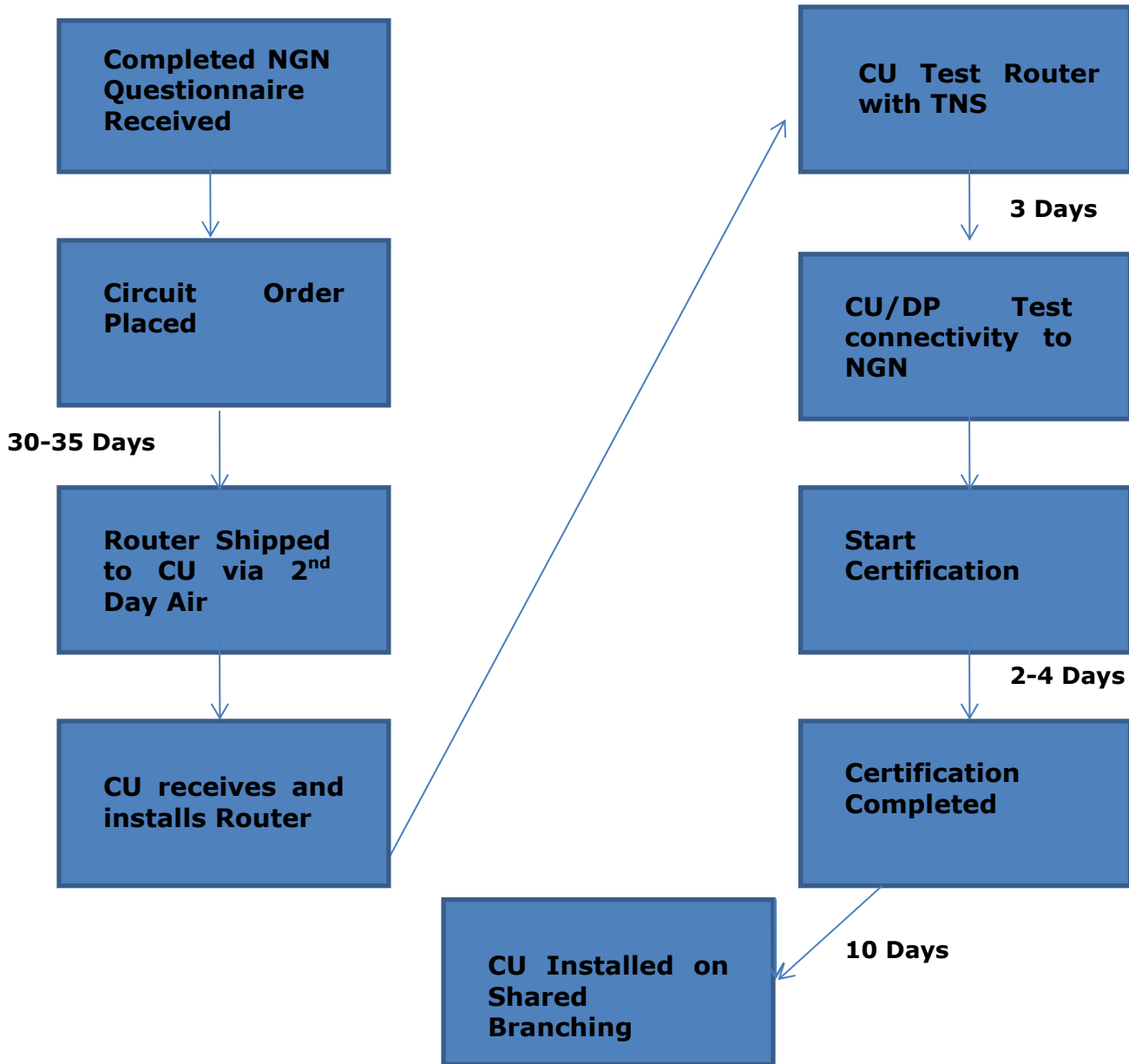
##### V- Point Basic

\*days are noted in standard working days.



**V- Point Complete**

\* days are noted in standard working days.



## V. Technical Contacts

For the initial and future Logical Virtual Connections, please provide the appropriate contacts that CO-OP Shared Branching and TNS may utilize for testing and implementation, order notification and confirmation, and outage information.

### Technical Contact (Review IP Addressing and Routing)

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Outage Notification (Planned or Unplanned Outages)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The information collected in this implementation questionnaire is required to estimate the effort and lead time involved to successfully install **V•Point** connectivity to our facility. This document will also serve as a work order and source document for client decisions.

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**Note:** *CO-OP Shared Branching requires 5 business days advanced notice if any of the configuration details outlined in this V-Point questionnaire change after implementation is complete. Late notification may result in loss of connectivity and additional expenses if CO-OP Shared Branching is required to perform emergency, unscheduled maintenance.*