# EXHIBIT A
# INTERIM BRANCH CAPTURE AND ELECTRONIC CHECK COLLECTION SERVICES AGREEMENT

**Credit Union Name** _____

**Address**_____

**City**_____**State**_____

**Routing Number**_____**Phone (**_____**)**

The following persons are authorized to be a security administrator of the Branch Capture product. These duties include setting up new users, maintaining and deleting users, restoring of passwords, and deleting files. **We recommend that you authorize at least two per branch.**

## SECURITY ADMINISTRATOR

| Branch | Name (Print) | Mother's Maiden Name | Position |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***I understand that CUP will not provide administrator assistance unless it is requested by an employee named above. Complete additional Exhibit A if space needed.***