



MEMBERSHIP APPLICATION

This application is being submitted to COCHA for its approval, which shall be evidenced by its signature. If submitted and approved, this application shall also constitute confirmation that the applicant has become a member of the COCHA and is in agreement with the By-Laws. As Image Exchange Participants applicant agrees to the COCHA Rules and Regulations (including Check Fraud Warranties Rule), and any future rule revisions, and agrees to be bound by them.

Signature of Applicant _____

(must be an officer)

Printed Name and Title of Applicant _____

Accepted and Approved by: _____

COCHA, 3909 SE 29th Street, Suite 115 Del City, OK 73115

Date: _____

1) Membership Category Designation

- | |
|--|
| <input type="checkbox"/> Full Membership – complete all sections
<input type="checkbox"/> Associate Membership - Complete All Sections
<input type="checkbox"/> Image Exchange/Limited Membership - SEE IMAGE EXCHANGE PARTICIPATION FOLDER |
|--|

Institution Information

Institution Name	Routing Transit Number
Address	
City/State/Zip	Total Deposits \$
Telephone Number	Fax Number
Internet Address	Establish a link from COCHA’s web site to yours? YES NO

2) COCHA Database Contact Information

** Enter only if different than Institution Information*

Executive Officer Contact

Name and Title _____

Telephone & Fax* _____

Email Address _____

Address* _____

3909 SE 29th Street, Suite 115 Del City, OK. 73115
405-601-8052 fax 405-601-8041 toll free 866-279-2249

www.cocha.org



3) Operations Information

Primary Operations Contact

Name and Title

Telephone & Fax*

Email Address

Human Resources Contact

Name and Title

Telephone & Fax*

Email Address

Address*

4) Holiday Closing Signs

Please E-MAIL the following number of signs: _____ English # _____ Spanish #

To: _____ (Enter Holiday Closing Sign Recipient Name and Address)

Name and Title

Telephone & Fax*

Email Address

Address*

5) Risk Management Contact

Name and Title

Telephone & Fax*

Email Address

Address*



Oklahoma Financial Institution Insurance Plan.

Fill out Full Membership information. Annual Membership fees (calendar year Jan 1 thru Dec 31) are based on deposit size per financial institution. Less than \$1 Billion = \$625.00. More than \$1 Billion = \$937.50

Make checks payable to COCHA - Central Oklahoma Clearing House Association.
Mail directly to 3909 SE 29th Street, Suite 115. Del City, Oklahoma 73115.

Security Alerts

To receive COCHA Security Alerts and access the Database requires an annual membership fee (\$625 for smaller members and \$937.50 for larger members) plus an additional \$500 annual fee for the Alerts.

Annual Dues are based on deposit size per financial institution. Less than \$1 Billion = \$625.00. More than \$1 Billion = \$937.50

****ALL ALERTS AND ALERT INSTRUCTIONS ARE STRICTLY CONFIDENTIAL****
****DISTRIBUTION WITHOUT PRIOR AUTHORIZATION IS STRICTLY PROHIBITED****

INCOMING MESSAGE PROCEDURE

- ✓ A master file of all Alerts should be maintained for quick and easy reference, unless you have access to the database where all alert information is stored.
- ✓ Law enforcement agencies should maintain the Alert information so that it is not subject to the Open Records Act requirements.
- ✓ Set up procedures for handling the Alert transmissions while maintaining confidentiality. Other than discussing the information with a law enforcement agency in connection with an ongoing investigation, the information contained in these Alerts should **never** be discussed with anyone outside your organization, particularly with individuals who are mentioned in the Alert.
- ✓ Never display Alerts within sight of consumers or non-employees.
- ✓ Properly destroy all discarded Alerts. Shredding is preferred.

Please read sign and include the Database Subscriber License Agreement and the Alert Subscriber License Agreement. Be sure to designate a Point of Contact for your institution and indicate the individuals to receive alerts as well as those who will have database access.

**IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS
CALL 405-601-8052 or 1-866-279-2249.**

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