



Arkansas State
Bank Department



Michael Preston
Secretary of Commerce
Susannah T. Marshall
Bank Commissioner
Arkansas State Bank Department

Bank Name: _____

Charter #: _____

**Information Technology Risk Examination (InTREx)
Products and Services Template**

Please fill in **ALL** areas. If application is not utilized place an “n/a” in space provided. If remote access to a system is granted please fill-in as appropriate: “E” for employee; “V” for vendor; or “B” for both employee and vendor. The method of remote access should be described within the appropriate section below. Contact the Examiner-in-Charge with any questions regarding completion of this form.

	In-House			Outsourced		Remote Access to System
	Vendor Name City, State	Software Application/ Version #	Hardware Make and O/S	Servicer Name City, State	Software Application/ Version #	
Core Processing						
Deposits						
Demand						
Savings & Time						
Loans						
Commercial						
Mortgage						
Consumer/Installment						
Other						
Investments						
General Ledger						
Customer Information File (CIF)						
Trust						
Retail EFT						

ACH						
Wire System 1						
Wire System 2						
ATM (Network/Driver)						
Credit Card						
Merchant Services						

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	In-House			Outsourced		Remote Access to System
	Vendor Name City, State	Software Application/ Version #	Hardware Make and O/S	Servicer Name City, State	Software Application/ Version #	
Item Processing						
Branch Capture						
Merchant Remote Deposit Capture						
Imaging						
Checks						
Document						
Internet/E-Banking:						
Web Site Address/URL: <i>http:</i>						
Informational Web Site (Web server)						
Transactional Internet Banking						
Consumer/Retail						
Bill Payment						
On-line Credit Applications						
On-line Deposit Applications						
Commercial (Cash management, ACH, Wire)						
Telephone Banking						
Mobile Banking						
Mobile Capture						
Person-to-Person Payments						
Account-to-Account Payments						

Other Internet or E-banking Products						

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	In-House			Outsourced		Remote Access to System
	Vendor Name City, State	Software Application/ Version #	Hardware Make and Model	Service Name City, State	Software Application/ Version #	
Network Management/Security:						
Operating System(s):						
Virtualization						
Hardware/Software Inventory Management Tool						
Configuration Management Tool						
Firewalls						
Intrusion Detection / Prevention						
Email Filtering						
Web Filtering						
Data Loss Prevention						
Anti-Malware						
Log Management Tool						
Patch Management Tool						
Vulnerability Management Tool						
Data Circuit/Branch Communication						
Voice over Internet Protocol (VOIP)						

Signature: _____

Date: _____