

BUSINESS DEPOSIT ACCOUNT QUESTIONNAIRE

Legal Name of Business				Tax ID No.		
Trade Name or DBA				Account #		
Physical Address						
Business Type:		Sole Proprietorship		Partnership		LLC
Corporation		LLP		Other _____		
How long in existence?				Number of locations		
Nature of Business / Services provided (describe below)						
Location Addresses:						

Website		Business phone			Email Address	
Owners / Partners / Principals				Title		% of Ownership (if 25% or more)
What types of banking services does the business expect?						
Type			Frequency			Estimated dollar amount based on Frequency chosen
Currency Deposits?	Yes	No	Daily	Weekly	Monthly	
Currency Withdrawals?	Yes	No	Daily	Weekly	Monthly	
Currency Exchanges?	Yes	No	Daily	Weekly	Monthly	
Check Deposits?	Yes	No	Daily	Weekly	Monthly	
Receipt of Domestic Wires?	Yes	No	Daily	Weekly	Monthly	
Originate Domestic Wires?	Yes	No	Daily	Weekly	Monthly	
Originate International Wires?	Yes	No	Daily	Weekly	Monthly	
Receipt of ACH Transactions?	Yes	No	Daily	Weekly	Monthly	
Receipt of International Wire/ACH?	Yes	No	Daily	Weekly	Monthly	
Origination of ACH Transactions?	Yes	No	Daily	Weekly	Monthly	
Purchase of Official Checks?	Yes	No	Daily	Weekly	Monthly	
Other (please describe)			Daily	Weekly	Monthly	
Does the business facilitate Internet/Video Gambling? Yes No						
<i>If Yes, the business agrees to provide the bank all of its required state licenses for the internet gambling activities it has been authorized to conduct and certifies that they do not engage in any activity or business that is unlawful under the Unlawful Internet Gambling Enforcement Act.</i>						
Uses of Currency						
1) Do you engage in any of the following services? (Check all that apply)						
Currency Exchange		Check cashing		Redeem Money Orders		Virtual Currency
2) If Yes to any of the above, have the combination of these services ever aggregated to \$1,000 or more per customer per day? Yes No						
3) Do you own or operate COAM's-Coin Operated Amusement Machines ? Yes No						

4) Are you involved in the Marijuana Industry?	Yes	No
5) Do you pay your employees in cash or cash their paychecks?	Yes	No
6) Do you provide access to ATMs?		
If yes, provide the name and address of the ATM owner or sponsor (i.e. Bank whose name is on the ATM or Independent Service Provider).		
Does/will ATM activity flow through your bank account at this institution? If not, omit the following questions.		
If so, how is the ATM currency replenished and what is the source funds?		
Please provide the following information:		
# of ATMs	Dollar capacity	Denominations
Replenishing schedule		
Estimated currency needs:	Amount \$	Frequency
Sources of Currency		
7) Are you an issuer or seller of (Check all that apply):	Money Orders	Travelers Checks/Card
		Stored Value Cards
If yes, are these services provided as an agent for another entity (i.e. American Express)?		Yes No
Entity Name and Address: _____		

8) If not provided as an agent for another entity, have the combination of these services ever aggregated to \$1,000 or more per customer per day?		
	Yes	No
9) Do you provide money transmission services?	Yes	No
10) If yes, are these services provided as an agent for another entity (i.e. Western Union)?	Yes	No
Entity Name and Address: _____		

11) Do you sell lottery tickets?	Yes	No
12) If you answered YES to items 2 OR 8, or NO to item 10, you are considered a Money Service Business (MSB).		
Have you registered with FinCEN?		Yes No
13) If you answered YES to items 3, 4, 6 or 12, then please contact CSR.		
Name of person completing questionnaire		Title
Signature		Date

Bank Use Only:

Branch	Employee Name
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