

Date Opened		Account Number	
Business Name			
Tax ID Number		Opening Branch	
Description of Business			

	Monthly Amounts	Monthly Transaction Volumes
Cash Deposits	\$	
Source of Cash		
Cash Withdrawals	\$	
Wires In	\$	
Purpose		
Wires Out	\$	
Purpose		
Purchase Cashiers Checks	\$	
Purpose		
Receive Incoming ACH?	\$	
Sources		
Initiate Outgoing ACH?	\$	
Payees		
Own Private ATM	\$	

Ownership Type (Check one; Describe if Other)

- Sole Ownership
 Corporation
 Partnership
 LLC
 Other: _____

Account Usage (Check one; Describe if Other)

- General
 Payroll
 Other: _____

Money Service Business Questions

	Check One	Monthly Volume
Will your business provide any type of service which would classify it as a Money Service Business, Currency Dealer, or Currency Exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will You Be Cashing Checks For Your Customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will You Issue, sell, or redeem traveler's checks or money orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will You Be Wiring or Remitting Funds On Behalf Of Your Customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will You Issue Stored Value Products? (Gift Cards, Etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will You Be Involved in Payday Lending Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other - describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a Professional Service Provider? Yes No
 (Attorney, Accountant, Medical Professional, etc)

If yes, type? _____

Are you a Non-Government Organization or Charity? Yes No
 (Charity, church, professional association, lobby group, self-help group, etc)

If yes, type? _____

Are you a Cash Intensive Business? Yes No
 (Convenience store, restaurant, retail store, vape shop, fast food, etc)

If yes, type? _____

Do you plan to use the account for Internet Gambling?

Yes No

Is your business associated with a senior foreign figure? (PEP)

Yes No

Customer Signature: _____

Date: _____