



Business Account Service Questionnaire

In accordance to governmental requirements, please complete the information listed below to help us understand the nature and purpose of your business.

Account Number: _____ Year Business Established: _____

Business Name: _____ Type of business: _____

Form of business: _____ Sole Proprietorship _____ Corporation _____ Partnership _____ LLC _____ Organization

Types of products/services offered: _____

Primary location of business: _____

What is the expected volume of **monthly** activity for:

Cash Deposits: \$ _____ Cash Withdrawals: \$ _____

Incoming Wires: \$ _____ Outgoing wires: \$ _____

Foreign Incoming Wires: \$ _____ Foreign Outgoing Wires: \$ _____

To which countries: _____ From which Countries: _____

Incoming ACH: \$ _____ Outgoing ACH \$ _____

Check Deposits: \$ _____ Check withdrawals \$ _____

Monetary Instrument Purchases \$ _____ ATM Deposits \$ _____

ATM Withdrawals \$ _____ Source of funds for cash & check deposits: _____

Are you a Politically Exposed Person (Sole Proprietor only)? _____ Yes _____ No

Do you engage in or process any transactions by or on behalf of online gambling? _____ Yes _____ No

Are you engaged in a marijuana related business? _____ Yes _____ No

Are you registered as a Money Service Business? _____ Yes _____ No

Do you provide check cashing services to customers? _____ Yes _____ No

Is this account a Non-governmental Organization or Charities? _____ Yes _____ No

Do you send money to third parties on behalf of your customers? _____ Yes _____ No

If yes, do you send or receive money from outside the US? _____ Yes _____ No

Do you own privately-owned ATMs? _____ Yes _____ No

Do you manage or sell virtual currency (e.g., Bitcoin)? _____ Yes _____ No