



Privately Owned Automated Teller Machine (ATM) Questionnaire

(Complete separate form for each ATM)

Name of Business:	
EIN/TIN:	
Physical Address:	
Contact Person:	

Ownership and Processing Information:

Address of ATM:	Type of Location*	Type of ATM:	Date of Installation:

(* i.e. grocery store, restaurant, barber shop, etc.)

1. Does someone other than your business own or lease the ATM? Yes _____ No _____
If yes, who owns: _____
 - a. Where is the entity that owns the ATM(s) located? _____
 - b. Type or nature of the business? _____
(Please provide a copy of the lease agreement/contract)
2. Does the ATM machine have previous owners? Yes _____ No _____
If, yes, who previously owned it: _____
(Please provide a copy of the sales agreement)
3. Is your ATM subcontracted from a 3rd and/or 4th party? Yes _____ No _____
(Please provide a copy of all lease agreements)
4. Who is the provider of the customer's ATM transactions network? _____
(Please provide a copy of the contract)

Currency Servicing Arrangements:

Remember that, as a service, Members 1st does not provide cash for businesses to maintain their ATM(s).

1. How is the cash replenished? _____
(i.e. store proceeds, armored car, or account withdrawals)
(If by armored car, provide a copy of the ATM servicing contract)
2. How much cash being put into the ATM each time it is replenished? _____
3. What is the frequency of cash replenishment? _____

4. What is the expected daily withdrawal activity for the ATM? _____
(Please provide copies of past 3 months bank statements and/or ATM provider statements)
5. Does the ATM dispense only currency? Yes _____ No _____
If no, what other items does it dispense _____
6. Does the ATM dispense a receipt for all transactions? Yes _____ No _____
7. How much cash does the ATM hold? _____

Provide the required documents:

- ISO Agreement, if applicable
- Purchase or Sales Agreement, if applicable
- Lease Agreement, if applicable
- Third Party Service Agreements
- ATM Provider Contract (i.e. ATM transaction processor)
- ATM Servicer Contract (i.e. Armored Car Agreement)
- Prior 3 months Bank Statements showing ATM activity or ATM provider statements

Member Signature: _____ Date: _____

This form, along with supporting documentation must be sent to the Due Diligence Administrator in the AML department.

Received: _____ Reviewed: _____