



## BUSINESS ASSESSMENT

Business Name \_\_\_\_\_ Date \_\_\_\_\_

QUESTIONS		
Is the entity an "active" entity in "good standing" by the AZ Corporation Commission/AZ Secretary of State? (N/A for Club or Sole Proprietor account types)	Yes	No N/A
Is the business currently engaged in, or anticipate engaging in any of the following: internet gambling, fiduciary services, ATM services or Money Service Business?	Yes	No
What is the nature of the business? (be specific) _____		
Is this an Arizona Entity?	Yes	No
How many years has the entity been in business?		
How many years has the owner been in the industry of what the business does?		
Do you sell product/services on the internet? If yes, anticipated sales amount per month.	Yes \$_____	No
Do you sell products internationally? If yes, which Countries? _____	Yes	No
Can the business be classified as cash intensive? (i.e., convenience stores, liquor stores, restaurants, retail stores, vending machine operators, jewelry stores, parking garages)	Yes	No
Anticipated range of monthly cash deposits	\$ _____ to \$ _____	
Anticipated range of monthly cash withdrawals	\$ _____ to \$ _____	
Anticipated range of monthly check deposits	\$ _____ to \$ _____	
Anticipated range of monthly check withdrawals	\$ _____ to \$ _____	
Is the business a professional service provider? (i.e., lawyer, doctor, real estate broker, accountant, investment advisor) If yes, which one?	Yes, _____	No
Anticipated dollar amount of ACH per month	Incoming \$ _____ Outgoing \$ _____	
Anticipated number of Wire Transfers per month	_____	
Incoming \$	Outgoing \$	
Non-account owners/signers making branch deposits?	Yes	No
Based on your review and discussion with the Business Owner/Manager, is there any evidence that would require additional research or monitoring of the account? If yes, please explain. _____ _____		
Completed By (Branch Staff)	Date Submitted to Compliance	
<b>RISK RATING</b> <b>The Risk Rating is to be completed by Compliance.</b>		
Risk Rating based on answers provided above:	Low	Medium High
Rating performed by:	Date of Determination:	

Note: Please forward a copy of this completed form to the Compliance department.

Internal Use Only  
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