

Navy Army Community Credit Union Member Business Risk Assessment Information Sheet
 (Must be completed in full and signed by all account applicants for each account.)

Date: _____

Prepared By: _____

Business Information: Thank you for inquiring about our business accounts. Help us get to know you by completing the boxes below.				
Business Name:			EIN/TIN:	
Business Phone:		If Sole Proprietor/DBA, Cell Phone:		
Physical Address (Required):				
Email Address:				
Business Industry:	Business Description:		# of Locations:	
Number of Employees:		Existing Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, list country of birth:		
Opening Deposit Funds Source:				

Account Types/Services Requested: Business Checking Business Loan Merchant Services Other _____

Electronic Banking Risk Questionnaire: We want to serve you! How can we help you bank electronically? Complete the boxes below.		
Planned monthly wire activity for account:	Amount \$ _____	Frequency: _____
Wire Activity: <input type="checkbox"/> None <input type="checkbox"/> Domestic <input type="checkbox"/> International* <input type="checkbox"/> Both Wire Reason(s):		
List other countries from which International wires will be received:		
If country written in above is listed on the OFAC Sanctions website, the account may be subject to secondary review and/or refusal.		
Electronic Banking Activity: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Internet Banking/Bill Payment <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Mobile Capture <input type="checkbox"/> Other _____		

Business Activity – Does the business engage in one or more of the activities below? Please check all that apply.

- | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Is the business a Registered/Unregistered Money Service Business (MSB)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the business a Payday Lender? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the business an Internet Gambling, Gaming, or Gambling Establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the business a Currency Dealer or Exchange? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will business handle check or money order cashing in amounts greater than \$1000 for any one person per day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is the individual or business a Private ATM Owner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business transmit wires for the public or other businesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will the business sell lottery tickets, money orders, prepaid access cards or gift cards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is a business owner or operator a Resident or Nonresident Alien? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Will the business make routine cash withdrawals/deposits greater than \$2500 more than once a week? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Will the business make regular cash purchases of Monetary Instruments?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Navy Army is not currently chartered to provide banking services for Money Service Businesses (MSBs). If items 1 thru 7 are checked YES, the account may be operating as a licensed or unlicensed MSB and cannot be opened. Please sign the form on the next page and turn it in to the representative. If any one item from 8 to 11 are checked, please continue filling out the form on the next page and sign. If no items are checked, sign the bottom of the next page. *Monetary Instruments are cashier's checks, counter checks, money orders or traveler's cheques.

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Risk Questionnaire: Help us understand your expected normal business activity so we can better serve you. Please complete to the best of your knowledge.

Intended Use: Payroll Operating Accounts Payable/Receivable Expense Escrow Trust/Concentration Other:

Planned **monthly** activity for account:

Cash:	<input type="checkbox"/> Deposits <input type="checkbox"/> Withdrawals <input type="checkbox"/> Both	Amount \$ _____	Frequency: _____
Check:	<input type="checkbox"/> Deposits <input type="checkbox"/> Withdrawals <input type="checkbox"/> Both	Amount \$ _____	Frequency: _____
Debit Card Activity:	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign	Amount \$ _____	Frequency: _____
ACH:	<input type="checkbox"/> Deposits <input type="checkbox"/> Withdrawals <input type="checkbox"/> Both	Amount \$ _____	Frequency: _____
Wire Transfer:	<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Both	Amount \$ _____	Frequency: _____
Currency Exchange:		Amount \$ _____	Frequency: _____
ATM:	<input type="checkbox"/> Deposits <input type="checkbox"/> Withdrawals <input type="checkbox"/> Both	Amount \$ _____	Frequency: _____
Monetary Instruments:*		Amount \$ _____	Frequency: _____

All account holders please sign below. We can't wait to help your business prosper! Our Member Business staff will contact you shortly.

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ Title: _____
Signature: _____ Date: _____

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ Title: _____
Signature: _____ Date: _____

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ Title: _____
Signature: _____ Date: _____

Credit Union Use Only (Completion Required):	
OFAC/Chex Systems Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, account cannot be opened until cleared by member with OFAC/ChxSys.
NAICS Code (https://www.naics.com/search/):	
Open Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manager Referral
Decline Reason:	<input type="checkbox"/> ChexSystems Closure Match
CU Comments:	<input type="checkbox"/> OFAC Watch List Match (Individual or Entity)
	<input type="checkbox"/> OFAC Sanctioned Countries Match (Incoming Wires)
	<input type="checkbox"/> Licensed/Unlicensed MSB (Questions 1-7)
	<input type="checkbox"/> Previous Loss/Fraud to NACCU (Individual or Entity)
	<input type="checkbox"/> Member Declined Account (Send to Risk Management)

Employee Name: _____ Employee Title: _____

Employee Signature: _____