**QUESTIONNAIRE FOR PROPOSED BRANCH OPERATIONS AT WHITEMAN AFB**

1. Name and address of your financial institution:
2. Proposed staffing (include positions/functions/locations):
3. Hours of operation:
4. Proposed renovations to government provided facility and estimated costs (to be paid by Government):
5. Proposed renovations to government provided facility and estimated costs (to be paid by your Financial Institution):
6. SCHEDULE OF SERVICES AND CHARGES:

|  |  |  |
| --- | --- | --- |
| **PROPOSED SERVICES** | **TO BE OFFERED****(YES OR NO)** | **CHARGES ASSOCIATED (IF APPLICABLE)** |
| 1. Minimum costs/Minimum activity accounts for Direct Deposit
 |  |  |
| 1. Regular checking accounts
 |  |  |
| 1. Interest-bearing checking accounts
 |  |  |
| 1. Overdraft protection
 |  |  |
| 1. Stop payments
 |  |  |
| 1. Cashing of government checks for non-account holders
 |  |  |
| 1. Cashing of personal checks for non-account holders
 |  |  |
| 1. Credit cards
 |  |  |
| 1. Debit cards
 |  |  |
| 1. Money orders
 |  |  |
| 1. Traveler’s checks
 |  |  |
| 1. Cashier’s checks
 |  |  |
| 1. Mail deposits
 |  |  |
| 1. Savings bonds sales/redemptions
 |  |  |
| 1. Automatic transfers between checking and savings
 |  |  |
| 1. Payment of utilities
 |  |  |
| 1. Money transfers
 |  |  |
| 1. Trust services
 |  |  |
| 1. Purchase of securities
 |  |  |
| 1. Website service center/Online banking
 |  |  |
| 1. Other services (specify)
 |  |  |

1. INTEREST-BEARING ACCOUNTS

|  |  |  |
| --- | --- | --- |
| **PROPOSED SERVICES** | **TO BE OFFERED****(YES OR NO)** | **CHARGES ASSOCIATED (IF APPLICABLE)** |
| 1. Regular savings accounts
 |  |  |
| 1. Christmas Club accounts
 |  |  |
| 1. Certificates of Deposit (specify terms and rates)
 |  |  |
| 1. Individual retirement accounts
 |  |  |
| 1. Other savings products (specify)
 |  |  |

1. LOAN SERVICES

|  |  |  |
| --- | --- | --- |
| **PROPOSED SERVICES** | **TO BE OFFERED****(YES OR NO)** | **CHARGES ASSOCIATED (IF APPLICABLE)** |
| 1. Line of credit/Overdraft protection
 |  |  |
| 1. Unsecured personal loans
 |  |  |
| 1. Secured personal loans
 |  |  |
| 1. Vehicle loans
 |  |  |
| 1. Major appliance loans
 |  |  |
| 1. Home improvement loans
 |  |  |
| 1. Equity loans
 |  |  |
| 1. Mortgage loans
 |  |  |
| 1. Other (specify)
 |  |  |

1. ATM SERVICE

|  |  |  |
| --- | --- | --- |
| **PROPOSED SERVICES** | **TO BE OFFERED****(YES OR NO)** | **CHARGES ASSOCIATED (IF APPLICABLE)** |
| 1. ATM provided (specify model type)
 |  |  |
| 1. Number and location of machines
 |  |  |
| 1. Surcharge for non-customers (specify amount)
 |  |  |
| 1. List of local, regional and national networks ATM is linked to (Cirrus, AAFN, Plus, etc.)
 |  |  |
| 1. Services provided by ATM (cash dispense, deposits, etc.)
 |  |  |

1. When would you be able to begin branch operations?
2. Are you a designated Treasury General depository?
3. Are you willing to pay for a Fair Market Rental Value Appraisal and negotiate ..a fair market value rent?
4. Please provide a copy of your latest published financial statements.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Financial Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_