**QUESTIONNAIRE FOR PROPOSED BRANCH OPERATIONS AT MOUNTAIN HOME AIR FORCE BASE**

1. Name and address of your financial institution:
2. Proposed staffing (include positions/functions/locations):
3. Hours of operation:
4. Branch operations may be conducted in the current government facility (modifications funded by the incoming financial institution). Fair-market lease may be required. Current financial institution operations include a stand-alone facility near base shopping and dining options. The facility has a drive-through and ATM operations.
   1. If space is leased from the Government, proposed renovations to government provided facility and estimated costs (to be paid by Government):
   2. If space is leased from the Government, proposed renovations to government provided facility and estimated costs (to be paid by your Financial Institution):
5. Are you willing to pay for a Fair Market Rental Value Appraisal and negotiate fair market value rent, if space is rented?
6. What is your full space requirement:
7. 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

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| --- | --- | --- |
| **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. Please provide a copy of your latest published financial statements.

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

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

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