

QUESTIONNAIRE FOR PROPOSED BRANCH ATMs AT JOINT BASE ANACOSTIA BOLLING

1. Name and address of your financial institution:
2. Proposed staffing (if applicable for ATMs only solution; include positions/functions/locations):
3. Hours of operation:
4. ATM operations may be conducted in several government facility locations across the installation.
 - a. If space is leased from the Government, proposed renovations to government provided facility and estimated costs (to be paid by Government):
 - b. 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. ATM SERVICE:

PROPOSED SERVICES	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. ATM provided (specify model type)		
B. Number and location of machines		
C. Surcharge for non-customers (specify amount)		

D. List of local, regional, and national networks ATM is linked to (Cirrus, AAFN, Plus, etc.)		
E. Services provided by ATM (cash dispense, deposits, etc.)		

8. SCHEDULE OF SERVICES AND CHARGES (if applicable for ATM only solution):

PROPOSED SERVICES	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Minimum costs/Minimum activity accounts for Direct Deposit		
B. Regular checking accounts		
C. Interest-bearing checking accounts		
D. Overdraft protection		
E. Stop payments		
F. Cashing of government checks for non-account holders		
G. Cashing of personal checks for non-account holders		
H. Credit cards		
I. Debit cards		
J. Money orders		
K. Traveler's checks		
L. Cashier's checks		
M. Mail deposits		
N. Savings bonds sales/redemptions		
O. Automatic transfers between checking and savings		
P. Payment of utilities		

Q. Money transfers		
R. Trust services		
S. Purchase of securities		
T. Website service center/Online banking		
U. Other services (specify)		

9. INTEREST-BEARING ACCOUNTS (if applicable for ATM only solution):

PROPOSED SERVICES	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Regular savings accounts		
B. Christmas Club accounts		
C. Certificates of Deposit (specify terms and rates)		
D. Individual retirement accounts		
E. Other savings products (specify)		

10. LOAN SERVICES (if applicable for ATM only solution):

PROPOSED SERVICES	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Line of credit/Overdraft protection		
B. Unsecured personal loans		
C. Secured personal loans		
D. Vehicle loans		
E. Major appliance loans		
F. Home improvement loans		
G. Equity loans		
H. Mortgage loans		
I. Other (specify)		

11. When would you be able to begin branch operations?
12. Are you a designated Treasury General depository?
13. Please provide a copy of your latest published financial statements.

Signed _____ Date _____

Position of Job Title _____

Name of Financial Institution _____