

**QUESTIONNAIRE FOR PROPOSED BRANCH OPERATIONS
AT
JOINT BASE LANGLEY-EUSTIS**

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.
 - 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. SCHEDULE OF SERVICES AND CHARGES:

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)		

8. INTEREST-BEARING ACCOUNTS

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)		

9. LOAN SERVICES

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)		

10.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.)		

9. When would you be able to begin branch operations?

10. Are you a designated Treasury General depository?

11. Please provide a copy of your latest published financial statements.

Signed _____ Date _____

Position of Job Title _____

Name of Financial Institution _____