

Addendum R4 Automated Teller Machine Questionnaire



Name of Entity: _____ EIN# _____

DBA, if applicable _____

Account(s) that will be used for ATM transaction activity: # _____

Does the business also have their operating account relationship with American National Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No STOP. Do not open the account.
Does the business sell, lease, service, or operate ATMs as a third-party provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes STOP. Do not open the account.
Does ATM accept deposits?	<input type="checkbox"/> No <input type="checkbox"/> Yes STOP. Do not open the account.
Name of ATM clearing company/settlement company/network/ISO	
Has a copy of the clearing company/settlement company/network/ISO contract (or other acceptable documentation) been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No STOP. We cannot open the account until the documentation has been provided.
How many ATMs are owned?	
How many ATMs are leased?	
Name of leasing company:	
Is the ATM located at a retail location for customer use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is ATM being replenished?	<input type="checkbox"/> American National Bank account <input type="checkbox"/> Armored Car Service <input type="checkbox"/> Cash from daily receipts <input type="checkbox"/> Other _____

Information Requested for each ATM – provide here or attach separate sheet. If no information provided, **STOP**, account cannot be opened.

Address where ATM is located	Type of business where ATM is located	Frequency of stocking ATM (daily, weekly, monthly)	Anticipated withdrawal activity from American National Bank accounts <u>monthly</u> for ATM
			\$
			\$
			\$
			\$
			\$