

# ATM OWNERS OR OPERATORS QUESTIONNAIRE



Use this form to collect information about ATM-related business operations. This form must be completed by a current authorized signer / owner.

## Member Information

BUSINESS NAME	BUSINESS TIN / EIN
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## ATM Information

Do you own, operate, or replenish ATM(s)?

Own

Operate

Only replenish

Is the use of ATM(s) primary or ancillary to your business?

Primary business

Ancillary

What type of private ATM(s) does your business use?

Bank-owned

Independent Sales Organization (ISO) / Sub-ISO

Merchant

Do you own or operate deposit-taking ATMs?	Do you own or operate cryptocurrency ATMs?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

What denominations are dispensed from your ATM(s)? Check all that apply.

<input type="checkbox"/> \$1 bills	<input type="checkbox"/> \$50 bills
<input type="checkbox"/> \$5 bills	<input type="checkbox"/> \$100 bills
<input type="checkbox"/> \$10 bills	<input type="checkbox"/> Cashless
<input type="checkbox"/> \$20 bills	

How many ATM(s) do you own or operate?	How many ATM(s) do you replenish?
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What is the physical address of each ATM? **You are required to disclose the location of each ATM.** If there are more than five ATMs, attach a document containing the additional addresses.

Street Address	City	State	Zip

There are more than five locations, and the additional addresses have been attached.

Are any of the ATMs located inside of a cannabis-related business?

Yes

No

Are any of the ATM owner(s), operator(s), or replenisher(s) also owner(s) of a cannabis-related business?

Yes

No

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What market industries does your business target? Check all that apply.

<input type="checkbox"/> Shopping centers	<input type="checkbox"/> Hotels/resorts
<input type="checkbox"/> Grocery stores	<input type="checkbox"/> Nightclubs/bars
<input type="checkbox"/> Convenience stores	<input type="checkbox"/> Barbershops and/or hair/nail salons
<input type="checkbox"/> Airports	<input type="checkbox"/> Parking lots
<input type="checkbox"/> Bus and/or railway stations	<input type="checkbox"/> Cannabis-related businesses
<input type="checkbox"/> Gas stations	<input type="checkbox"/> Other (Please provide details below about any other targeted market industries not listed here.)
<input type="checkbox"/> Casinos	
<input type="checkbox"/> Restaurants	
<input type="checkbox"/> Sports arenas/entertainment venues	

Do you have access to replenish your ATM(s)?

Yes

No

If you have access to replenish your ATM(s), what is the source of funds?

From this financial institution (BECU)

From another financial institution

From cash on hand

Armored car service

N/A – do not have access

What is the maximum amount any one of your ATM(s) can hold?

<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$10,000 - \$20,000
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$20,000 - \$50,000
<input type="checkbox"/> \$3,000 - \$5,000	<input type="checkbox"/> \$50,000 - \$100,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$100,000 or more

On a monthly basis, how much cash do you anticipate withdrawing to replenish your ATM(s)?

<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$10,000 - \$20,000
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$20,000 - \$50,000
<input type="checkbox"/> \$3,000 - \$5,000	<input type="checkbox"/> \$50,000 - \$100,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$100,000 or more

On a monthly basis, how much do you anticipate in settlements and income from your ATM(s)?

<input type="checkbox"/> \$0 - \$1,000	<input type="checkbox"/> \$10,000 - \$20,000
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$20,000 - \$50,000
<input type="checkbox"/> \$3,000 - \$5,000	<input type="checkbox"/> \$50,000 - \$100,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$100,000 or more

## Additional Documentation

Please provide the following documentation (if applicable):

1. A copy of your operating policies, procedures, and internal controls.
2. A copy of your ATM currency servicing arrangements, contracts, and responsibilities (e.g., cash vault services, third-party providers, and self-service).

## Signature

NAME OF AUTHORIZED SIGNER / OWNER COMPLETING THE FORM

SIGNATURE OF AUTHORIZED SIGNER / OWNER COMPLETING THE FORM	DATE
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If form is not submitted electronically, please return completed and signed form to:  
 BECU, Attn: Mailstop 1062-1, P.O. Box 84707, Seattle, WA 98124, fax to 206-805-2259, or email to [memberduediligence@becu.org](mailto:memberduediligence@becu.org)  
 Please direct any questions to [memberduediligence@becu.org](mailto:memberduediligence@becu.org)