**ABC Bank**

 **CUSTOMER RISK REVIEW**

 **Rev. 10/2018**

**🞏 Cash Intensive 🞏 Private ATM 🞏 MSB 🞏Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Account Name and address:** |  |
| **Account Number(s):** |  |
| **Review Date:** |  |
| **Date of on-site visit (if appl.)** |  |
| **Business type:** |  |

**Relationship Background:**

**CTRs Filed:**

**SARs Filed:**

**Documentation Received:**

🞏 High Risk Customer Site Visit Report

 🞏 Evidence of Business Registration

1. **Account Activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Current Year Monthly Average** | **Prior Year Monthly Average** | **Comments** |
| **Cash In** |  |  |  |
| **Cash Out** |  |  |  |
| **ACH In** |  |  |  |
| **ACH Out** |  |  | This is where we list the highest volume third parties |
| **Check withdrawals** |  |  |  |
| **Wire Credit (Domestic/International)** |  |  |  |
| **Wire Debit (Domestic/International)** |  |  |  |

**Summary:**

In the summary, document if the activity during the review period is consistent with the operations of the business and nothing appears suspicious.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **ATM Activity:**

🞏 Self-funded by owner 🞏 Account withdrawals 🞏 3rd party replenishment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Current Year Actual**  | **Current Year** **Stated** | **Previous****Year****Actual** | **Previous****Year****Stated** | **Comments** |
| **Total ATM volume** |  |  |  |  |  |
| **Avg. Daily W/D total** |  |  |  |  |  |
| **Acct. W/D total** |  |  |  |  |  |

**Documentation received/on-file:**🞏 Copy of ATM operating agreement 🞏 Verification of ATM registration with the Division of Banks  Date:**Summary: Comment if there has been a big change in activity from year to year and if the institution has received an explanation that makes sense.**  |
|  |
|  |

1. **MSB Review-Services offered**

🞏 Check Cashing 🞏 Money Order Sales 🞏 Funds Transmittal

🞏 Agent for an MSB 🞏 Registered on behalf of themselves as an MSB

**Documentation received/Due diligence**

🞏 State and FinCEN registration

🞏 State licensing verification

🞏 Copy of AML policy

🞏 Annual Review of activity

🞏 Independent third party AML review (if applicable)

**Accounts and Summary:**

1. **Residual Risk**

🞏 High 🞏 Medium 🞏 Low

**Comments: General overview and summary on the relationship as a whole, validate the residual risk rating.**

**Reviewed by (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Review Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**