

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.

2. 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.

3. 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:

4. 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: _____