**ABC Bank**

**Privately Owned ATM Customer Annual Review**

**Business Name & DBA:**

**ATM Location(s):**

**Type of Business**:

**Documentation received/completed**:

* Privately Owned ATM Checklist (NEW ATM customers only)
* High Risk Customer Visit Form
* Copy of the ATM agreement (purchase, sale, or lease) with their sponsoring entity?
* Checked the Division of bank’s website to see if the ATM is registered (I have the link to the site listed here as well)
	+ Registered? [ ] Yes [ ] No
		- If Yes- documentation attached
		- If No- Schedule Q (state requirement) or copy of DOB *Application to Provide Electronic Services* attached
	+ Date checked: \_\_\_\_/\_\_/\_\_\_
* Compared the customer’s stated activity against actual ATM transactions in their account- documentation attached
* Business is registered in the state- most recent filing attached

**Summary**:

Reviewed by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Review Complete: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_