**QUESTIONNAIRE FOR PROPOSED ATM OPERATIONS AT 911th Airlift Wing PITTSBURGH ARS**

1. Name and address of your financial institution:
2. Proposed staffing to support ATM(s) [include positions/functions/locations]:
3. Hours available to support ATM (s) operation:
4. Proposed renovations to government provided facility and estimated costs (to be paid by Government):
5. Proposed renovations to government provided facility and estimated costs (to be paid by your Financial Institution):

6. ATM SERVICE

|  |  |  |
| --- | --- | --- |
| **PROPOSED SERVICES** | **TO BE OFFERED****(YES OR NO)** | **CHARGES ASSOCIATED (IF APPLICABLE)** |
| 1. ATM provided (specify model type)
 |  |  |
| 1. Number and location of machines
 |  |  |
| 1. Surcharge for non-customers (specify amount)
 |  |  |
| 1. List of local, regional and national networks ATM is linked to (Cirrus, AAFN, Plus, etc.)
 |  |  |
| 1. Services provided by ATM (cash dispense, deposits, etc.)
 |  |  |

7. When would you be able to begin ATM(s) operations?

1. Are you a designated Treasury General depository?
2. Are you willing to pay for a Fair Market Rental Value Appraisal and negotiate .a fair market value rent?
3. Please provide a copy of your latest published financial statements.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Financial Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_