

# Business Needs Assessment

At PeoplesBank, we understand the challenges you face on a daily basis when operating your business. That's why we'd like to put our more than 150 years of experience to work for you by developing a customized banking solution to meet your financial needs. Please take a moment to answer the following questions so that we can learn more about your banking activity, and then we'll work hard to develop a plan that will hopefully save you both time and money and make banking simpler for you.



## Business Information

- Sole Proprietor     Partnership     Corporation     LLC     LLP     Non-Profit     Corp     Club

**Briefly describe the nature of your business:** \_\_\_\_\_

**How long has your company been in business?** \_\_\_\_\_

## Business Checking

**Average monthly balance:**

- \$0 to \$1,000     \$1,001 to \$9,999     \$10,000 and above

**Number of check written per month:**

- 0 to 50     51 to 100     101 to 200     201 and above

**Number of deposits made monthly:**

- 1 to 20     21 to 40     41 to 75     76 and above

**How many checks are in a normal deposit:**

- 1 to 5     6 to 20     21 to 40     41 and above

## Business Services

**What services would you most likely use?**

- |  |  |
|--|--|
| <input type="checkbox"/> Night Depository  | <input type="checkbox"/> Remote Deposit Capture<br>(Send your check deposits electronically) |
| <input type="checkbox"/> Merchant Services (MasterCard, VISA, Discover,<br>American Express) | <input type="checkbox"/> Business Debit Card   |
| <input type="checkbox"/> Business Online Banking   | <input type="checkbox"/> Bill Pay  |
| <input type="checkbox"/> Direct Deposit  | <input type="checkbox"/> Overnight Investments   |

## Other Business Products

- |  |   |
|--|---|
| <input type="checkbox"/> Business Line of Credit | <input type="checkbox"/> Business Credit Card |
| <input type="checkbox"/> Business Money Market   | <input type="checkbox"/> Business CDs         |

## Other Areas of Interest

- Business Retirement Planning     Business Insurance Needs

**Please fax or email a copy of this form to the following:**

Name \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Your Contact Information:**

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_