

Business Needs Assessment



PeoplesBank
A Codorus Valley Company

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.

888.846.1970
peoplesbanknet.com



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
(Send your check deposits electronically) |
| <input type="checkbox"/> Merchant Services (MasterCard, VISA, Discover, 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

- | | |
|---|---|
| <input type="checkbox"/> Business Retirement Planning | <input type="checkbox"/> Business Insurance Needs |
|---|---|

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

Name _____

Fax _____

Your Contact Information:

Business Name _____

Contact Person _____

Fax _____



Member FDIC