

# 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<br>(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 \_\_\_\_\_

