



BUSINESS ACTIVITY QUESTIONNAIRE

Business Legal Name and Trade Name (DBA, if applicable) _____

Date Business Established _____

List the state where your entity was formed _____

Your Business North American Industry Classification Code (NAICS-appears on your Federal Tax Return Schedule C) _____

Type of Business or Primary function of business _____

Is the business involved in the cultivation, manufacture or sale of controlled substances, including marijuana? Yes No

Does your business receive revenue from a marijuana related business Yes No

Is this an internet gambling business Yes No

Is this a Money Services Business Yes No

Are any of the business owners currently an investment broker registered with the Securities Exchange Commission Yes No

Is this a charitable Organization/Trust Yes No

If yes, has the business filed as a 501c(3) Yes No

If your charitable organization receives funds, what groups benefit from the funds

Is this an import/export business Yes No

If yes, what products _____

Do you own an ATM Yes No

Does your business have a website Yes No

If yes, what is your website address _____

Are internet sales provided Yes No

Is your business conducted internationally Yes No

If yes, please list the countries _____

If your business has multiple locations, please provide the physical address of each location

Is your business seasonal Yes No

If yes, please indicate peak periods _____

Does your business sell store gift cards Yes No

If yes, does it exceed \$1,000 per day Yes No

Number of employees _____

Will your business entity send domestic wire transfers Yes No

If yes, list the total monthly amount of domestic wire transfers sent \$ _____

Total number of domestic wire transfers sent per month _____

Will your business entity send international wires transfers Yes No

If yes, list the total monthly amount of international wire transfers sent \$ _____

Total number of international wire transfers sent per month? _____

Please list the countries involved in your wire transfers _____

Please list the total amount of monthly ACH transactions sent by Verity Credit Union \$ _____

Please list the total amount of monthly ACH transactions deposited \$ _____

Please list the total number of monthly cash deposits _____

Please list the total amount of monthly cash deposits \$ _____

Please list the total number of monthly cash withdrawals _____

Please list the total amount of monthly cash withdrawals \$ _____

Please list the total number of monthly check deposits _____

Please list the total amount of monthly checks \$ _____

Please list the total amount of cashier checks to be purchased monthly \$ _____

Signature _____

Date _____