

**State of Washington**

Department of financial institutions

**Division of Consumer Services**

*P.O. Box 41200* ⚫ *Olympia, Washington 98504-1200*

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**CHECK CASHERS/SELLERS**

**COMPLIANCE EXAMINATION**

**MANAGEMENT QUESTIONNAIRE**

ALL QUESTIONS MUST BE COMPLETED. IF A QUESTION DOES NOT APPLY, INDICATE WITH “N/A.” ATTACH ALL ADDITIONAL DOCUMENTATION/INFORMATION AS REQUESTED.

**Licensee's Name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Licensed Location Manager's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Manager's Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All questions and records are to be provided for the exam period identified above unless otherwise indicated. Provide the following for the examiner’s review prior to arrival at your office, unless instructed otherwise:**

**MANAGEMENT**

1. How many locations does the licensee currently operate in Washington State? Please provide a list of all branches.
2. Provide a corporate organization chart containing any subsidiaries, affiliates, or parent companies of the licensee.
3. Summarize owner/management work experience (this may be in the form of a resume).
4. Provide a copy of your policies and procedures (contingency plan) for the continuation of business in the event of an emergency, power failure, etc.?
5. Is a current copy of your license posted in prominent view of each teller window or other customer service station? ***Provide a photo*** of your license displayed and a ***photo of the location*** this license is posted.
6. (a) Do you maintain personnel files for employees? If yes, please ***provide a copy of one complete file****.*

(b) Do the files contain the following documents?

Employment application including prior job history \_\_\_\_\_\_\_\_

Authorization for Criminal Background Check \_\_\_\_\_\_\_\_

Signed statement employee has read RCW 31.45 and WAC 208-630 (the Act) \_\_\_\_\_\_\_\_

(c) If items in 6(b) are not included, describe pre-employment investigation procedures.

(d) Are these documents maintained in the personnel file until one year after termination of employment?

**COMPANY FINANCIAL INFORMATION**

1. Describe all bank lines of credit or funding sources.
2. Provide bank statements for the most recent three months.
3. Provide a copy of most recent financial statements (Balance Sheet and Income Statement [audited Internal/External CPA reports if available]) and copies of any audits performed by any other state or federal agency.
4. Do you maintain a general ledger containing a record of all assets, liabilities, capital, income, and expenses posted from the record of original entry at least monthly?
5. Are all required accounting and financial records maintained for at least 2 years?
6. ***Provide your general ledger for the most recent three months.***

11. Provide daily cash reconciliations summarizing each day's activity and reconciling cash on hand at the opening of the business day to cash on hand at the close of business for the most recent three months.

12. (a) Do you maintain, on a daily basis, a record of items cashed?

(b) Provide the following for sufficient audit trail linking for the most recent three months:

(i) Transaction date

(ii) Date of check, draft or money order

(iii) Amount of the check

(iv) Amount of the fee charged for cashing check

(v) Amount of cash deducted from the transaction for the sale of other services or products

(c) If you answered "no" on item (a), is this information available from your bank?

13. ***Provide a sales summary*** for each month of the examination period, which includes the number of checks cashed and total dollar volume of checks cashed.

**COMPLIANCE (CHECK CASHING/SELLING PROCEDURES)**

14. Where in your office are the rates that you charge to cash checks, drafts and money orders posted?

(a) Provide a detailed schedule of all fees charged for your services.

(b) ***Provide a photo of your schedule of fees and a photo of the location*** where this fee schedule is posted

15. Do you use on-site identity verification prior to cashing checks? If yes, briefly describe identification verification and record maintenance procedures.

16. Is every check, draft or money order cashed by your company endorsed with the actual name under which you are doing business prior to deposit with any bank? Please provide verification (i.e. endorsement stamp used).

17. Are all checks, drafts, and money orders deposited into a depository financial institution domiciled within the State of Washington?

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact for operational questions and comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Are all checks, drafts, and money orders deposited no later than close of business on the third business day after the day on which the check was cashed?

19. Provide verification that each customer cashing a check receives a receipt showing:

(a) The name(s) under which you are licensed;

(b) The type and amount of the transaction; and

(c) The fee or fees charged.

20. What is the maximum check amount your company will cash?

21. Do you ever wait before making payment on a check, draft, or money order until after the instrument has cleared? If yes, provide proper receipts.

22. What are the company’s collection policies and procedures on cashed checks?

(a) Provide a written copy of policies and procedures.

(b) Provide all collection activity records from the examination period.

23. Provide copies of all advertisements used since the last examination. Include dates, publisher, and script if used on-air.

**BANK SECRECY ACT / ANTI-MONEY LAUNDERING**

24. Do you cash checks in excess of $1,000 to any one person in any one day? If so, are you registered as a Money Service Business (MSB) with the Department of Treasury? ***Provide a copy of your Registration of Money Service Business***.

25. If you are a registered MSB, have you adopted a written Anti-Money Laundering Program?

1. Provide a copy of your AML Program.
2. Provide a copy of your Independent review of your AML Program.
3. Provide copies of BSA/AML training materials and employee training log

26. Have you filed any Currency Transaction Reports or Suspicious Activity Reports? How many since your previous examination? ***Provide copies of all CTRs and SARs*** filed during the examination period.

27. (a) Do you originate wire transfers? If yes, for whom are you authorized to originate wire transfers?

(b) Is a record of all cash transfers in excess of $3,000 maintained with all the required records?

28. (a) If you are a check seller (i.e. money orders or cashier’s checks), or agent for, do you maintain the required identification log for check sales in excess of $3,000?

(b) If so, does the log contain the required information for such transactions? Where is the log maintained?

(c) For who are you authorized to sell checks (i.e. money orders, cashier’s checks)?

**Ensure all documents requested are provided in response to this letter.**

**I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge.**

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_