CTR WORKSHEET(*Required Fields)

Section A - Transaction Detail

*1. Date of Transaction: _____

*2. Transaction Location(s)   ___ Thalia Branch   ___ PA Branch

*3. Multiple transactions: ____ Y ___ N

*4. Cash In Amount(s):		*5. Cash Out Amount(s):	
Deposit	_____	Withdrawal	_____
Loan Payment	_____	Loan Advance	_____
Currency Exchange	_____	Currency Exchange	_____
Purchase Negotiable Instrument	_____	Negotiable Instrument Cashed	_____
Other	_____	Other	_____

*6. Account(s) affected: _____   _____   _____

_____   _____   _____

Section B - Person/Entity on Whose Behalf the Transaction was Conducted

*7. Individual/Entity Name: _____   *8. Gender: ___ Male ___ Female

*9.Tax ID Type/Number ___ SSN ___ EIN   *10.Date of Birth _____ 11.Occupation _____

#_____

*12. Alternate Name (ex: T/A John Doe Lawn Services) _____

*13. Identification Used: ___ Drivers License   ___ Passport   ____ Alien Registration   ___ Other

Identification Number: _____   Issuing State: _____

*14. Phone number _____ Email Address: _____

*15. If the transaction is conducted by the member, verify address on account(s) listed above _____(Employees Initials)

Section C - Additional Person on Whose Behalf the Transaction was Conducted
(If applicable, complete *16-23)

*16. Individual's Name: _____   *17. Gender: ___ Male ___ Female

*18. Tax ID Type/Number ___ SSN ___ EIN   *19. Date of Birth _____ 20. Occupation_____

#_____

*21. Identification Used: ___ Drivers License   ___ Passport   ____ Alien Registration   ___ Other

Identification Number: _____   Issuing State: _____

*22. Phone number _____ Email Address: _____

23. Verified address is same as the account(s) listed above _____ (Employees Initials)

If different, list correct (No P.O. Boxes)_____

Section D - Person(s) Conducting Transaction

*24. Check One: ___ Member ___ Joint Owner ___ Other

*25. Complete 26-32, **unless** one of the following apply:

___ Armored Car ____ ATM ____ Night Depository ____ Mail Deposit ___ On Own Behalf

26. Name: _____   *27. Gender: ___ Male ___ Female

*28. Tax ID Type/Number ___ SSN ___ EIN   *29.Date of Birth _____ *30. Occupation_____

#_____

*31. Address (no P.O. Box):_____

*32. Identification Used: (Check one)___ Drivers License ___ Passport ____ Alien Registration ___ Other

Identification Number: _____   Issuing State: _____

*33. Phone number _____ Email Address: _____

BO-CTR-072023

CTR WORKSHEET INSTRUCTIONS

Section A - TRANSACTION DETAIL

1. Enter date of the transaction(s).
2. Check the branch location(s) involved in the transaction(s).
3. Check "Y" if multiple transactions were conducted in the same day. Check "N" if not.   Complete Section D for all parties.
4. Next to the "Cash In" category enter the amount(s) involved in the transaction(s). Round up to the next whole dollar.
Note: If the funds are being deposited to purchase a negotiable instrument or to do a wire transfer, list the amount
under "Negotiable instrument purchased" or "Other" (for wire). Do not list under "Deposit" category.
5. Next to the "Cash Out" category enter the amount(s) involved in the transaction(s). Round up to the next whole dollar.
6. Enter account(s) affected. If none, enter "None"

Section B - PERSON OR ENTITY ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED

7. Enter individual or Entity full name. (First Name, Middle Initial, Last Name)
8. Check the gender of the individual unless it is an entity. If an entity, leave blank.
9. Check the type of Tax ID and record the number.
10. Enter date of birth of the individual unless it is an entity. If an entity, enter N/A.
11. Record the occupation or type of business of the person(s) involved in the transaction.   Use specific descriptions
 such as doctor, lawyer, carpenter, car salesman, plumber, etc. Do not use non-descriptive items such as businessman,
 merchant retailer, retired or self-employed.   If the person is retired, be specific, such as "retired teacher".
"Unknown" can be used if all efforts have been exhausted to obtain the information.
12. If the account is a sole proprietorship list name individual is T/A. If not applicable, enter N/A.
13. Check ID type used and record ID number and issuing state (If applicable). If no issuing state, enter N/A.
14. Enter phone number and email address
15. If the transaction was conducted by the member, verify address on the accounts listed. Enter employees initials.

Section C - ADDITIONAL PERSON ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED(If applicable, complete 15-21)

 Usually applies to "cash in" transaction, unless one has knowledge this person is benefiting from the "cash out" transaction
16. Enter individual's full name. (First Name, Middle Initial, Last Name)
17. Check the appropriate gender.
18. Check the type of Tax ID and record the number.
19. Enter date of birth of the individual.
20. Record the occupation or type of business of the person(s) involved in the transaction.   Use specific descriptions
 such as doctor, lawyer, carpenter, car salesman, plumber, etc. Do not use non-descriptive items such as businessman,
 merchant retailer, retired or self-employed.   If the person is retired, leave blank
"Unknown" can be used if all efforts have been exhausted to obtain the information.
21. Check ID type used and record ID number and issuing state (If applicable). If no issuing state, enter N/A.
22. Enter phone number and email address
23. If the transaction was conducted by the joint person, verify address is the same as on the accounts listed.
 Enter employees initials. If different list correct physical address, no Post Office Box.
If multiple joint owners complete Section C for each owner using a separate worksheet,

Section D - PERSON CONDUCTING THE TRANSACTION

24. Check which person conducted the transaction.
25. If applicable, check one and leave 26-33 blank. If not applicable, complete 24-30.
24. Enter individual conducting transaction full name. (First Name, Middle Initial, Last Name)
25. Check the appropriate gender.
26. If known, check the type of Tax ID and record the number. If not known, enter Unknown.
27. If known, enter date of birth of the individual. If not known enter Unknown.
28. Record the occupation or type of business of the person(s) involved in the transaction.   Use specific descriptions
 such as doctor, lawyer, carpenter, car salesman, plumber, etc. Do not use non-descriptive items such as businessman,
 merchant retailer, retired or self-employed.   If the person is retired, be specific, such as "retired teacher".
"Unknown" can be used if all efforts have been exhausted to obtain the information.
29. If known, enter physical mailing address.
30. Check ID type used and record ID number and issuing state (If applicable). If no issuing state, enter N/A.

ATTACH COPY OF RECEIPT(S) AND ALL ID'S USED FOR VERIFICATION TO THE CTR WORKSHEET