

Name: \_\_\_\_\_ Period: \_\_\_\_\_ Date: \_\_\_\_\_

## **Checking Account Research Assignment**

### **General Information:**

- Name of Bank:
- Location:
- Bank Hours:
- Number of Branches:
- Number of ATM's:
- Are your funds insured? (Circle one)      Yes                  No
- Type of Accounts Available:

### **Service Fees:**

- Opening an account:
- Monthly maintenance:
- Other service fees:

### **Other Charges:**

- Checks:
  - Printing:
  - Bouncing/Overdraft:
  - Stop check request:
  - Certified Checks:
- Balance Inquiries:
  - Teller Window:
  - ATM:
  - Phone:
- Withdrawals:
  - Teller Window:
  - Bank-Owned ATM:
  - Non-Bank ATM:
- Special Services:
  - Fund Transfer:
  - Bill-Pay
  - Check Card:
  - Overdraft Protection
  - Deposit Advance Loan
  - Direct Deposit: