

# Bank Account Comparison Worksheet

<b>FEATURES</b>	Acct Name _____ Bank _____	Acct Name _____ Bank _____
<b>RATES &amp; FEES</b>		
Average Minimum Balance	\$ _____	\$ _____
Daily Minimum Balance Required	\$ _____	\$ _____
Monthly Service Fee (if below minimum balance)	\$ _____	\$ _____
<b>CHECKS</b>		
Direct deposit required?	Yes      No	Yes      No
Free or discounted printing of checks?	Yes      No	Yes      No
Limit on number of checks written each month?	Yes      No	Yes      No
Checks imaged or returned?	Yes      No	Yes      No
<b>ATM &amp; CHECK (DEBIT) CARD</b>		
ATM Card	Yes      No	Yes      No
Check Card	Yes      No	Yes      No
Free use of another bank's ATM	Yes      No	Yes      No
<b>ONLINE BANKING</b>		
Online Banking (costs?)	Yes      No \$ _____	Yes      No \$ _____
Bill Pay (costs?)	Yes      No \$ _____	Yes      No \$ _____

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## Bank Account Comparison Worksheet - Continued

TELEPHONE BANKING				
Automated telephone access	Yes	No	Yes	No
24/7 Customer Service	Yes	No	Yes	No
OTHER SERVICES				
FDIC Insured	<input checked="" type="radio"/> Yes		<input checked="" type="radio"/> Yes	
Overdraft Protection Option (availability, fees, conditions)	Yes	No	Yes	No
Travelers Checks Fee	\$ _____		\$ _____	
Money Orders & Cashier's Checks Fees	\$ _____		\$ _____	
Safe Deposit Box Monthly Fees	\$ _____		\$ _____	
INVESTMENTS AND TRADING				
Online Investing Access	Yes	No	Yes	No
Linked Brokerage Accounts	Yes	No	Yes	No