

Remote Deposit Customer Application

(To Be Completed by the Company)

Company Name: _____

Mailing Address: _____

Physical Address: _____
(If different than above)

Company Telephone Number: (____) _____ - _____ FAX: (____) _____ - _____

Operations Contact Name and Title: _____

Telephone Number: (____) _____ - _____ Email: _____

IT Security Administrator Name and Title: _____

Telephone Number: (____) _____ - _____ Email: _____

Check One: Corporation Partnership Sole Proprietorship Other _____

Date Business Established: ____/____/____ Employer (Tax) ID Number: _____

Type of Business: _____

Date of Incorporation: ____/____/____ State of Incorporation: _____

Do you have an existing deposit or loan account relationship with the financial institution? Yes No
If Yes, check any of the following documents which are already on file with the financial institution:

Corporate Resolution or Partnership Agreement Copy of Financial Statements (signed and dated)
 Prior Year Tax Return Copy (signed and dated) Credit References

Does your company currently originate ACH transactions? Yes No

When do you desire to begin submitting check image files? _____

What is the estimated maximum dollar amount that would be submitted daily? \$_____

What is the estimated number of images/checks that would be submitted daily? _____

How frequently will you be submitting check image files? Daily Weekly on _____

Bi-Weekly on _____ Monthly on _____ No Set Frequency

Do you anticipate submitting more than one check image file per day? Yes, _____ per day No

What is the estimated total dollar volume of check image files that you will submit monthly? \$_____

What is the estimated total number of check image transactions that you will submit monthly? _____

Please indicate the account(s) to which deposits should be credited, and provide a deposit slip (or photocopy of a deposit slip) for each account listed:

Checking Account Number: _____ Savings Account Number: _____

Account Title: _____ Account Title: _____

Checking Account Number: _____ Savings Account Number: _____

Account Title: _____ Account Title: _____

Do you need to archive check images via the RDM website? Yes No

By signing below, the Company grants permission for the financial institution to obtain credit information from reporting agencies.

Date Completed: ____/____/____ Signature of Company Official: _____
Name and Title: _____