

Remote Deposit Services Enrollment Form

Billing Method:

Charged

Waived

Billing Account Number: _____

Business Member Name: _____ **Telephone Number:** _____

Business Address: _____

SUPPORTING DOCUMENTATION CHECKLIST

Company maintains adequate and secure storage facilities (physical and electronic) for the storage of original deposited checks? Yes No

Company classified as a High Risk Entity under BSA guidelines? Yes No

Comments: _____

CHECKING ACCOUNT INFORMATION

Account Number	Account Name

EQUIPMENT OPTIONS

Equipment provided by: Credit Union Business Member Other:

User Guide Provided to Business Member _____

Product Training Conducted: _____

Model Type	Quantity	Price*
Scanner: _____	_____	\$ _____

Special Instructions:

GENERAL ACCESS RIGHTS FOR USER (LOGIN ID ASSIGNED BY CREDIT UNION)

Administrator's Name:		E-MAIL ADDRESS:	
-----------------------	--	-----------------	--

Signature	DATE:
-----------	-------

REMOTE DEPOSIT SERVICES DEPARTMENT USE ONLY

	CREDIT REVIEW PERFORMED BY:	DATE:
RDC SETUP COMPLETED BY:	DATE:	RDC SETUP REVIEWED BY:
		DATE: