

# 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:	
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Signature

DATE:

## REMOTE DEPOSIT SERVICES DEPARTMENT USE ONLY

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