



# Remote Deposit Complete Application

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## Company Information:

Legal Name of Business \_\_\_\_\_ MBL Account No if applicable \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

State

Zip

Business Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Mobile Number \_\_\_\_\_

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## Business Information:

Business Entity (Sole Prop, Part, Corp, LLC, etc) \_\_\_\_\_

Type (Retail, Wholesale, etc) \_\_\_\_\_ Date Business Started \_\_\_\_\_

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## Business Owner Information:

Number of Owners (if applicable) \_\_\_\_\_

Owner #1 (Name) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Percent of Ownership \_\_\_\_\_

Owner Active  Owner Passive

Owner #2 (Name) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Percent of Ownership \_\_\_\_\_

Owner Active  Owner Passive

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## Authorized Employees:

System Administrator

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Authorized Deposit Processor #1

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Authorized Deposit Processor #2

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Authorized Deposit Processor #3

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

# Remote Deposit Complete Application - Continued

## Background Checks/Criminal Investigation:

Do you perform background checks on employees? .....  Yes  No

Has the business ever had an employee or Owner embezzle money or steal anything from the business? If Yes, Please explain. ....  Yes  No

Has the business ever filed a criminal complaint against an employee or Owner? If Yes, Please explain. ....  Yes  No

Has any Owner or employee ever been arrested, charged, or convicted of a criminal offense? If Yes, Please explain.....  Yes  No

## Location Information:

Location #1 \_\_\_\_\_  
Street City State Zip

Location Manager  
Name \_\_\_\_\_ Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Location #2 \_\_\_\_\_  
Street City State Zip

Location Manager  
Name \_\_\_\_\_ Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Location #3 \_\_\_\_\_  
Street City State Zip

Location Manager  
Name \_\_\_\_\_ Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Company Financial Information:

Federal Tax Identification Number \_\_\_\_\_

Completed (Mark with X)

Please provide us with 3 years of Business Tax Returns or Year-Ending Financial Statements.

Please provide us with copies of your last 3 months of business bank statements.

# Remote Deposit Complete Application - Continued

## Financial Information (Banking Relationship)

Please list other Financial Institutions at which you maintain checking accounts.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Have you already or do you plan to use another financial institution's merchant capture or remote deposit capture product? .....  Yes  No

List other financial services used at other financial institutions (i.e. loans, ACH origination, payment processing, reconciliation, etc)

Service: \_\_\_\_\_ Service: \_\_\_\_\_

Service: \_\_\_\_\_ Service: \_\_\_\_\_

Service: \_\_\_\_\_ Service: \_\_\_\_\_

## Deposit Activity:

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_ # of Deposits per day \_\_\_\_\_

Average Dollar Amount/Dep \_\_\_\_\_ Maximum Deposit Expected \_\_\_\_\_

Average Total Daily Deposits \_\_\_\_\_ Maximum Daily Total Deposits \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_ # of Deposits per day \_\_\_\_\_

Average Dollar Amount/Dep \_\_\_\_\_ Maximum Deposit Expected \_\_\_\_\_

Average Total Daily Deposits \_\_\_\_\_ Maximum Daily Total Deposits \_\_\_\_\_

Although prohibited from being deposited through merchant capture, do you accept third party checks? .....  Yes  No

Do you accept checks drawn on foreign banks or in foreign currency? .....  Yes  No

Historically, what percentage of deposited items would you say are returned to you for any reason? (%)

The information provided in this application is true and correct and is provided voluntarily. By signing below, the authorized business representative hereby authorizes the Credit Union to investigate my financial institution references and credit history. The Credit Union may request bank, credit and other information from third parties, including consumer reporting agencies. Business agrees that this application is not an application for an extension of credit.

Business \_\_\_\_\_ Title of Authorized Signor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_