



Application for Remote Deposit Capture

(To be completed by VACU business member requesting Remote Deposit capability)

Section I – Company Information

Company Name: _____

Mailing Address: _____

Physical Address: _____
(If different than above)

Number of physical locations that will be scanning checks for Remote Deposit: _____

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

Contact Information:

Customer Contact information is used in applicable email notifications and can be entered/updated on the customer side of the application.

Primary Contact Name and Title: _____

Telephone Number: _____ Email: _____

If applicable:

Secondary Contact Name and Title: _____

Telephone Number: _____ Email: _____

If applicable:

IT Security Administrator Name and Title: _____

Telephone Number: _____ Email: _____

(Please continue to Section II.)

Section II – Remote Deposit Information

To ensure compatibility with our Internet-based software program for remote deposit and/or submission, please verify you have all of the below:

- High-speed Internet
- Windows 98 or later
- Internet Explorer 7.0 or later

Answer the following questions about your data and physical site security:

- Yes No Virus protection software is maintained on the network/workstations that will be running this service?
- Yes No The network/workstations that will be running this service reside behind a firewall?
- Yes No Internet access is through an industry standard ISP service provider?
- Yes No Physical access to the subject workstations is limited to the appropriate individual(s)?
- Yes No Secure storage (lock & key) will be used for the physical checks until they are destroyed?

Answer the following questions about your check deposit activity:

Deposit information will be used to establish user settings within the Remote Deposit Service.

Frequency of check deposits: Daily Weekly No Set Frequency Other: _____

The anticipated maximum amount of **any single check** to be deposited: \$ _____

The anticipated maximum amount of **any group of checks** to be deposited **at one time**: \$ _____

The estimated **number of checks** you will be scanning and submitting **in one deposit**: _____

Do you anticipate submitting more than one deposit per day? Yes, _____ deposits per day No

The anticipated maximum \$ amount of **total checks** to be deposited **in any one day**: \$ _____

The estimated checks **returned monthly**: Total number _____ Total amount: \$ _____

VACU Checking Account(s) to be used for **Deposits** of checks:

A separate Account Title must be established for each account to which deposits will be credited. Business name, account number, and/or account purpose may be used in the title. The Account Title should be meaningful and clear to the business user, particularly if multiple accounts will be used.

	Checking Account #1	Checking Account #2	Checking Account #3
Checking Account #			
Account Title (will appear in RDC service; max. 24 char)			
Monthly Est. for Deposited Checks:	Enter your best estimate of these monthly volumes (\$ and #) ... feel free to enter a range if you prefer		
- Total \$ Amt.			
- Total # Chks			
RDC Fees (identify ONE account only)	<input type="checkbox"/> Assess RDC fees to this acct.	<input type="checkbox"/> Assess RDC fees to this acct.	<input type="checkbox"/> Assess RDC fees to this acct.

Please indicate the days and hours that you want to be able to submit/process checks:
Default Access Time is Mon. – Sun., 7:00 AM – 10:00 PM. Identify below if access should be limited for greater control/security.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Between the hours of: _____ a.m. and _____ p.m.

Will individuals other than the account signers and owners be making deposits on behalf of the business?

Yes No

If yes, business must provide the following information (as applicable) for each individual.

Name (incl. middle initial)	SSN	DOB	Occupation/Title	Bus. Email

Do you already have a check scanner to be used for processing remote deposits?

VACU's recommended check scanner is the Digital Check TellerScan 240 (model TS240-50-IJF).

Yes No

If Yes, please provide make and model details:

Make: _____ Model: _____

By signing below, you grant permission for VACU to obtain credit information from reporting agencies.

Application Date: ____ / ____ / ____

Signature of Company Official: _____

Printed Name and Title: _____

FI Use Only:	Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied on ____ / ____ / ____ by _____ Approved Total Daily Amount Limit: \$ _____ <i>(Daily collection/file limit for transactions processed through the Remote Deposit Service)</i>
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