

Complete the information below to apply for the FTFCU's Remote Deposit Capture (RDC) service. **Please note that eligibility for RDC is subject to approval.** If approved, we will activate your account within five (5) business days and notify you via e-mail.

Member Information

Member Name: _____ Account Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

By signing above, I understand that I must meet certain eligibility requirements to be approved for this service and that FTFCU may terminate this service at any time and for any reason. I also acknowledge that I have read and understand the "Remote Deposit Capture Disclosure", which contains important information regarding the use of this service.

Activity Assessment

How frequently will you be submitting check images: Daily Weekly Bi-Weekly Monthly

What is the anticipated total dollar volume of the check images you will be submitting: \$ _____

Please indicate the account(s) to which deposits should be credited:

Savings Account Number & Suffix: _____

Savings Account Number & Suffix: _____

Checking Account Number & Suffix: _____

Checking Account Number & Suffix: _____

Other: _____ Account Number & Suffix: _____

Other: _____ Account Number & Suffix: _____

Credit Union Use Only

Mail E-mail Fax In Person

Received By: _____

Date Received: _____

Approved By: _____

Date Approved: _____

Activated By: _____

Date Activated: _____