

APPLICATION for MOBILE REMOTE DEPOSIT CAPTURE

NAME: _____

MEMBER # _____

PHONE NUMBER: _____

I would like to request Mobile Remote Deposit Capture service for my account. I understand that this service is on an approval basis based on factors the Credit Union takes into consideration when reviewing my request.

Upon approval of this service, I agree to keep my account(s) in good standing. I also agree to abide by CrossRoads Community FCU's Mobile Remote Deposit Capture Terms & Conditions as well as the Funds Availability Disclosure.

Signature: _____

Date: _____