

Signature Card for Remote Deposit

	New Update
CUSTOMER INFORMATION	
Name:	
Tax ID Number:	Telephone Number:
Address:	
M 41.0 : F	FEES AND EQUIPMENT
Monthly Service Fee:	Monthly Equipment Rental Fee:
\$ 50.00	\$0.00 each month for the first 12 months and \$0.00 per month thereafter.
Equipment Provided to Customer:	
NOTE: If we provide you with any Equ	vinment and (a) we terminate the Pemote Deposit Service Agreement (the "Agreement") for
NOTE: If we provide you with any Equipment and (a) we terminate the Remote Deposit Service Agreement (the "Agreement") for cause within 12 months of providing you with Equipment or (b) you terminate the Agreement without cause within 12 months of us	
	the to return the Equipment to us and pay us an early termination fee in an amount equal to the
	Fee that would have been payable if the Agreement were not terminated and you retained the
Equipment for 12 months.	Tee that would have been payable if the rigreement were not terminated and you retained the
Equipment for 12 mondis.	
	TRANSACTION LIMITATIONS
Maximum Daily Deposit:	Maximum Check Amount:
\$	\$
'	'
DECEDITE A COOLINE	
Reserve Account Number:	RESERVE ACCOUNT Initial Reserve Amount:
Reserve Account Number.	\$
	Ψ
	a confirm that you have received the "Remote Deposit Service Agreement" and agree that the
customer named above will be bound by	its terms.
_	
Date:	
$\mathbf{R}_{\mathbf{V}^*}$	$R_{V'}$
By: Signature and Title	By: Signature and Title
Signame and the	organia and thic
By:	By:
Signature and Title	Signature and Title