



Mobile Deposit Application

Date: _____

First Name: _____ MI: ____ Last Name: _____

DOB: _____ Last 4 Digits of SS#: _____

Mobile Cell Phone #: _____ Email: _____

ACCOUNT INFORMATION:

Account Number: _____ **Account Name:** _____

For Bank Use Only

Date Opened: _____ Account in Good Standing? Yes No

of Returned in the Last 6 Mos. _____

Account Number: _____ **Account Name:** _____

For Bank Use Only

Date Opened: _____ Account in Good Standing? Yes No

of Returned Items in the Last 6 Months. _____

Account Number: _____ **Account Name:** _____

For Bank Use Only

Date Opened: _____ Account in Good Standing? Yes No

of Returned Items in the Last 6 Months. _____

Account Number: _____ **Account Name:** _____

For Bank Use Only

Date Opened: _____ Account in Good Standing? Yes No

of Returned Items in the Last 6 Months. _____

CUSTOMER SIGNATURE:

I have read and understand the terms and conditions of this service offered by First State Bank of Bedias. I acknowledge that simply submitting this application does not grant me access to this service. First State Bank of Bedias will contact me via the email address provided above to inform me of the status of my application.

Customer Signature: _____ Date: _____

For Bank Use Only:

- Account(s) authorization verified
- Account(s) active and in good standing
- At least one account over 6 months
- Customer enrolled in Online Banking

APPROVED

DENIED

Employee Signature: _____ Date: _____

Sr. Officer Signature (If Required): _____