



# Mobile Deposit Application

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_ Online Banking Username: \_\_\_\_\_

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): \_\_\_\_\_

Enabled User Rights within OLB Admin: \_\_\_\_\_

Application Approval/Denial Email Sent: \_\_\_\_\_