



Main Street Merchant Application

Main Street Merchant, also known as Remote Deposit Capture (“RDC”), is a service offered to business clients that allows for remotely scanning and submitting deposits from your office without a trip to the Financial Institution.

Application Information

Date of Application: _____

Company Name: _____ EIN: _____

Contact Name: _____ SIC/NAICS: _____

Physical Address: _____

City: _____ State: _____

Zip: _____ Website: _____

Phone: _____ E-Mail: _____

Principal Business Activity: _____

Number of Years in Business: _____ Under Present Management Since: _____

Deposit Activity

Requested Daily Deposit Limit: \$ _____

Anticipated Number of Deposits per Day: _____

Anticipated Total Deposit Amount per Day: \$ _____

Frequency of Deposits:

Daily Weekly Bi-Weekly Monthly Other:

List all accounts subject to ACH Origination (e.g. checking, savings, loans):

Account Type	Account Number

Remote Deposit Capture Readiness Questionnaire

Questions:	Responses:
How many users will have access to the RDC system?	
Will you require at least two (2) users to approve each deposit submission? (one to initiate and one to verify)	
Will you utilize a third party to submit deposit files on your behalf? If so, please provide their information attached to this questionnaire (name, address, e-mail, phone, point-of-contact name and their title, etc.)	

Are checks destroyed in a secure manner? <i>(after the retention period of 90 days)</i>	
Are users utilizing effective password techniques? <i>(i.e. strong passwords, do not share passwords, change password frequently, etc.)</i>	
Are systems in place to block potential intruders? <i>(i.e. anti-virus or spyware, encrypt data, log off computer when not in use, etc.)</i>	
Is access restricted? <i>(i.e. limit locations where Protected Information is stored, lock paper documents in cabinets, transmit Protected Information over Internet in a secure session, etc.)</i>	

Company Authorized Representative Contact Information

Primary Contact Name _____ Title _____
 Mailing Address _____
 City _____ State _____
 Zip _____
 Phone _____ Fax: _____
 Email _____

Secondary Contact Name _____ Title _____
 Mailing Address _____
 City _____ State _____
 Zip _____
 Phone _____ Fax: _____
 Email _____

The undersigned hereby certifies that the information provided is true and complete and is submitted for obtaining ACH origination services. The undersigned also confirms they are authorized to act on behalf of the company.

Signature: _____

Print Name: _____

Title: _____

Date: _____