

# Bank of Prescott

## Mobile Deposit Enrollment Form

Your Contact Information

Name

SSN/TIN

Phone

Address

City

State

Zip Code

E-mail

### Accounts you will Deposit Checks to:

Account Type

Account Type

Account Type

Account Type

Account Number

Account Number

Account Number

Account Number

By signing below, I authorize Bank of Prescott to obtain a credit report to determine eligibility for the mobile deposit product.

**Customer Signature:**

**Date:**

### Bank Use Only

If any No boxes are checked, then officer approval and or credit report may be required

	Yes	No
Does customer have less than 3 overdrafts in the past year?		
Have customer's accounts been open for more than 90 days?		
Are all of customer's accounts in good standing?		
Is Customer's average monthly deposit balance at least \$500		

Bank Officer Signature - if necessary

Bank Employee Signature:

Date:

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