



Account Access Information

Merchant ID #*: _____

Username*: _____ (This is case sensitive)

Password*: _____ (This is the initial password and must be changed on first use)

Remote Deposit Customer Set Up Information

Merchant Name*: _____

Address Line One*: _____

Address Line Two: _____

City*: _____ State*: _____ Zip*: _____

Primary Contact First Name*: _____
*(This is the administrator and will have access to all accounts and rights)

Primary Contact Middle Initial: _____

Primary Contact Last Name*: _____

Primary Contact Title: _____

Primary Contact Telephone*: _____

Primary Contact Alternate Phone 1: _____

Primary Contact Alternate Phone2: _____

Primary Contact Fax Number: _____

Primary Contact Email Address*: _____

Risk Maximum Limits: \$ _____ Daily Deposit Limit: \$ _____ Maximum Item Limit

Account Set-Up Information (routing # must be at Affiliated Bank # 3119-7881-8)

#	Account Title/Name	Account Number	Type (Check/Sav)
1			
2			
3			
4			
5			

****means this is a required field***