Remote Deposit Capture Application

Member Name:	-
Account Number:	
Cell/ Home Phone:	
E-mail address:	
	y to deposit checks into my Share Draft/Checking Account ing, using my Smartphone.
I understand that I m	ust meet certain eligibility requirements to be approved
for this service. Thes	e requirements include, but are not limited to:
Having Having	enrolled in Mobile Banking and using our Mobile App a Share Draft Account that has been active for at least 90 days no overdrafts or items returned for Insufficient Funds for 90 days being in good standing
I understand that Be and for any reason.	thlehem 1st FCU may terminate this service at any time
Terms and Condition	have read and understand the "Remote Deposit Capture (RDC) s", which contains important information regarding the use y of the RDC Terms & Condtions can be found on our website.
Signature:	
Signature:	
Date:	(if joint account, all parties must sign)
Return this signed form	n in person, by fax to 610-691-8624, or email to service@beth1st.org.

** We will notify you by email as to whether you are approved for this service.



Bethlehem 1st

2317 Easton Avenue, Bethlehem, PA 18017-5099

Ph: 610-691-0041 Fax: 610-691-8624 www.beth1st.org