MDeposit
Remote Deposit Application

DATE: _____

Business Name	Tax ID or SSN#
Address	Business Phone Fax Phone Number
City, State, ZIP	Email Address
Primary Contact	Primary Contact Phone Number

Type of Business: ❑ Corporation ❑ S-Corporation ❑ LLC ❑ Partnership ❑ Sole Proprietor

Primary Account: _____

MDeposit Minimum System Requirements	
	Minimum
Operating System	Windows XP SP2 Windows XP Home SP2 (At this time Vista is not compatible)
Processor	1.5GHz
Memory (RAM)	512MB
Disk Space*	2.0GB
Monitor Resolution	XVGA (1024x768)
Keyboard	Yes
Mouse	Yes
Port	USB 2.0
Web Browser	Internet Explorer 6.0 SP2
Internet Access Speed	1.5 MBps

Signatures: The statements made herein are true, and represent a total disclosure of all the information requested. MBank (the Bank) is authorized to make all inquiries deemed necessary to determine the creditworthiness of the indicated Remote Deposit Applicant(s) and/or Guarantors whose signature(s) appears below. The Bank is authorized to make any investigation of said Remote Deposit Applicant(s) credit directly or through any agency employed by the Bank for that purpose. Applicant(s) further authorizes the Bank to provide information concerning applicant's credit relationship to credit reporting agencies or other creditors. We agree to provide a current copy of the company's financial information as required by the Bank.

I understand that it is the company's responsibility to ensure the system requirements listed above are met and I also understand that the computer used to log in for Remote Deposit is the only computer that can access the system.
All Principals/Officers/Guarantors must sign the application.

_____ _____ _____
Authorized Signature Printed Name/Title Date

_____ _____ _____
Personal Guarantor Signature Printed Name / Individual Date

_____ _____ _____
Authorized Signature Printed Name/Title Date

_____ _____ _____
Personal Guarantor Signature Printed Name/Individual Date

Bank Use Only

_____ _____
Branch Signature Verification Date

_____ _____
Branch Manager/ Relationship Officer Approval Date

MBank Cash Management Department Use Only
Received by:

_____ _____ _____
Operations Administration Department Date Date Set up complete signature

MEMBER FDIC

EQUAL HOUSING LENDER