

REMOTE DEPOSIT SERVICES APPLICATION

BUSINESS NAME		TAX ID#	
BUSINESS ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE #	FAX #	
WEBSITE ADDRESS			
ANNUAL GROSS SALES/REVENUES \$		NUMBER OF LOCATIONS	
TYPE OF OWNERSHIP ___ SOLE PROPRIETOR ___ PARTNERSHIP ___ LIMITED LIABILITY COMPANY ___ S CORPORATION ___ C CORPORATION			

PROJECTED DEPOSIT ACTIVITY

HIGHEST SINGLE DEPOSIT DOLLAR AMOUNT	HIGHEST DAILY DEPOSIT DOLLAR AMOUNT
HIGHEST # OF CHECKS IN SINGLE DEPOSIT	HIGHEST AMOUNT OF A SINGLE CHECK IN A DEPOSIT
HIGHEST # OF DEPOSITS EACH DAY	HIGHEST NUMBER OF RETURNED DEPOSIT ITEMS

PRINCIPAL USER INFORMATION

NAME #1		TITLE	
HOME ADDRESS	CITY	STATE	ZIP
TAX ID (SSN) #	DATE OF BIRTH	PHONE #	
EMAIL ADDRESS	DRIVER'S LICENSE #	EXPIRATION DATE	
NAME #2		TITLE	
HOME ADDRESS	CITY	STATE	ZIP
TAX ID (SSN) #	DATE OF BIRTH	PHONE #	
EMAIL ADDRESS	DRIVER'S LICENSE #	EXPIRATION DATE	

FINANCIAL INQUIRIES

HAS THE BUSINESS DECLARED BANKRUPTCY WITHIN THE LAST 10 YEARS? ___ YES ___ NO

HAS ANY PRINCIPAL/OWNER DECLARED BANKRUPTCY WITHIN THE LAST 10 YEARS? ___ YES ___ NO

ANY PENDING LITIGATION OR UNSATISFIED JUDGMENTS FOR BUSINESS OR PRINCIPAL/OWNER? ___ YES ___ NO

MIAMI SAVINGS BANK CHECKING ACCOUNTS TO BE USED FOR REMOTE DEPOSIT CAPTURE

ACCOUNT #1	ACCOUNT TITLE
ACCOUNT #2	ACCOUNT TITLE
ACCOUNT #3	ACCOUNT TITLE

REQUESTED DOCUMENTATION TO ACCOMPANY COMPLETED APPLICATION

- ___ COPIES OF ORGANIZATIONAL PAPERS AND BUSINESS FILING CERTIFICATES
- ___ SIGNED BUSINESS FEDERAL INCOME TAX RETURN FOR THE PRIOR FISCAL YEAR
- ___ CONSENT TO OBTAIN CONSUMER CREDIT REPORT

I/We ("Applicant") consent to Miami Savings Bank obtaining one or more consumer credit reports on me from time to time in connection with this Remote Deposit Services Application. Miami Savings Bank may also investigate my background, income, credit or credit worthiness and assets as it deems reasonably necessary or appropriate.

PRINTED NAME	PRINTED NAME
SIGNATURE	SIGNATURE
DATE	DATE

BY SIGNING BELOW, I/WE (APPLICANT) CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THE I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statement for purposes of influencing the actions of Miami Savings Bank can be a violation of federal law and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by Miami Savings Bank for that purpose. Applicant authorizes Miami Savings Bank to obtain credit reports, and agrees to provide any additional information that Miami Savings Bank may require to process this application.

Required Signatures: Sole Proprietorship - Owner; Partnership - All general partners; Limited Liability Company - All member(s) or manager(s); Corporation - The persons named in the corporate resolution.

AUTHORIZED SIGNATURE	PRINTED NAME	DATE
AUTHORIZED SIGNATURE	PRINTED NAME	DATE
AUTHORIZED SIGNATURE	PRINTED NAME	DATE

FOR OFFICE USE ONLY:

APPLICATION APPROVED _____ APPLICATION DENIED _____

MANAGER SIGNATURE	MANAGER PRINTED NAME	DATE
RECOMMENDATION FOR DAILY DEPOSIT LIMIT:		
RECOMMENDATION FOR PER CHECK LIMIT:		