



**RDC Application**

Complete this application to apply for CoAFCU's Remote Deposit Capture (RDC) service. We will respond within five (5) business days, providing you with your RDC deposit limit for each checking/savings account indicated below.

**Please note that eligibility for RDC is subject to approval.**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Checking Account #:** \_\_\_\_\_ **Checking Account #2 (Opt):** \_\_\_\_\_

**Savings Account #:** \_\_\_\_\_

**Anticipated Weekly/Monthly Deposit Amount(s):** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**(e.g., Preferred method of contact)** \_\_\_\_\_