



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) _____