

Citizens Bank Mobile Deposit Capture Application & Risk Analysis Worksheet

Applicant's Name: _____ Account # & Type: _____/_____
 Additional accounts authorized to transmit deposits: Account # & Type: _____/_____
 Address: _____/_____/_____/_____/_____ Date of Birth: ____/____/____
 Home Phone: _____/ Office _____/ Cell _____/ E-Mail Address _____
 Social Security Number: _____/Driver's License: _____/State of issuance: _____
 Name of Employer: _____ Length of Employment: _____
 Location of Employer: _____ Phone: _____
 Nearest Relative: Name: _____ Relationship _____/Phone: _____
 Address of Relative _____/_____/_____/_____

Co-Owner of account: _____ Date of Birth: ____/____/____
 Address: _____/_____/_____/_____/_____
 Home Phone: _____/ Office _____/ Cell _____/ E-Mail Address _____
 Social Security Number: _____/Driver's License: _____/State of issuance: _____
 Name of Employer: _____ Length of Employment: _____
 Location of Employer: _____ Phone: _____
 Nearest Relative: Name: _____ Relationship _____/Phone: _____
 Address of Relative _____/_____/_____/_____

Anticipated Deposits: Number of Checks Deposited Monthly: _____ \$ Amount of Checks Dep Monthly: _____

AGREEMENT TO USE ELECTRONIC DOCUMENTS: By submitting this application, you agree to electronically receive certain documents for your account(s) and authorize Citizens Bank to replace appropriate paper documents with electronic versions that are considered legal and accepted in any proceeding s that require original documents. You warrant that you have authority to act on behalf of the owners of any and all accounts listed and have the appropriate equipment and software to view, store and print electronic files sent to you by Citizens Bank. You may withdraw your consent to Electronic Documents at any time by providing us with written notice by email, postal mail or fax. Due to the nature of financial account systems, it may take as long as thirty (30) days from Citizens Bank's receipt of your written notice of cancellation for you to receive documents in paper format mailed to your address on file.

AUTHORIZATION TO OBTAIN AND VERIFY INFORMATION: By signing this application, you certify that the information provided is true and hereby grant Citizens Bank authorization to obtain and evaluate any additional information they deem necessary to evaluate yourself or the co-owner, including a retail credit report, and based on their findings, approve or disapprove this application for Mobile Deposit Capture.

APPLICABLE SERVICE: This Mobile Deposit Capture product will support the following cell phones, but the devices are subject to change at Citizens Bank's discretion: iPhone or Android.

FEES: Mobile Deposit Capture product is free at this time. However, Citizens Bank reserves the right to implement a Service Fee at any time by providing the Applicant with thirty (30) days prior notice and the option to accept the Fee or terminate the product.

Signature: _____ Date: _____

FUNDS AVAILABILITY DISCLOSURE: The Funds Availability Disclosure provided as part of the YOUR DEPOSIT ACCOUNT TERMS AND CONDITIONS AGREEMENT between the Customer and Citizens Bank shall remain in effect for all transactions provided under this Mobile Deposit Capture product.

FOR BANK USE ONLY:

Date account opened (must be open more than 90 days)		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Number of NSF in last 12 months		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Number of OD in last 12 months		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Number of deposit items returned in last 12 months		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Number of late loan payments in last 12 months (>30 days)		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory

Date of Review: _____

Approved by: _____