



Federally insured by NCUA

MOBILE DEPOSIT CAPTURE ENROLLMENT FORM

| | | |
|---|--|--|
| MEMBER INFORMATION | | |
| Name: | | |
| Email Address: | | |
| Mobile Telephone Number: | | |
| Birth Date (must be 18 or older): | | |
| Social Security Number: | | |
| ACCOUNTS TO ENROLL | | |
| | | |
| IMPORTANT DISCLOSURE | | |
| I acknowledge that I have received the Allegany County Teachers Federal Credit Union Mobile Deposit Capture Disclosure and Agreement and by accessing Mobile Deposit Capture, I thereby agree to its terms and conditions. I understand that eligibility for enrollment is subject to certain restrictions as well as Allegany County Teachers Federal Credit Union's approval. | | |
| SIGNATURE | | |
| Name: _____ Date: _____ | | |

Please return this form to a credit union representative at your local branch office. Mail to: Allegany County Teachers FCU, 14316 National Hwy SW, LaVale, MD 21502, or email to: mobile@alcoteachersfcu.org.

Credit Union Use Only:

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|---|------------------------|
| Accepted and Member Identity Verified by: | Member Identification: |
| Online Banking ID: | Member Number: |
| Tier: | Date: |
| Approved by: | Date: |
| Entered/Verified by: | Date: |