## Remote Deposit Capture Application

Member Name:	
Account Number:	
Cell/ Home Phone:	
E-mail address:	
I would like the ability to deposit checks into r through Mobile Banking, using my Smartphon	<del>-</del>
	out are not limited to:
I understand that Bethlehem 1st FCU may term and for any reason.	ninate this service at any time
I acknowledge that I have read and understand <b>Terms and Conditions"</b> , which contains <b>impo</b> of this service. A copy of the RDC Terms & Con	rtant information regarding the use
Signature:	
Signature:	
Date:	(if joint account, all parties must sign)
Return this signed form in person, by fax to 610-6	91-8624, or email to service@beth1st.org.

\*\* We will notify you by email as to whether you are approved for this service.



2317 Easton Avenue, Bethlehem, PA 18017-5099 Ph: 610-691-0041 Fax: 610-691-8624 www.beth1st.org