Queenstown Bank of Maryland
Remote Deposit Capture
Customer Application Form
(Please complete this form for each merchant location)

Applicant: _____

Address: _____

Phone Number: _____

Type of Business: _____

Tax ID# or SS#: _____

Description of Business Products and/or Services: _____

_____

Under Present Management Since: _____

Customer Since: _____

Number of Years in Operation: _____

Normal Business Days and Hours: _____

Reason for requesting Remote Deposit Capture Service: _____

_____

_____

Contact Information:

Primary Contact Name: _____

E-mail Address: _____

Work Phone Number/Extension: _____

Mobile Number: _____

Home Number: _____

Secondary Contact Name: _____

E-mail Address: _____

Work Phone Number/Extension: _____

Mobile Number: _____

Home Number: _____

Account Information:

Account Name: _____

Account Description: _____

Account Number: _____

Estimated Volume: _____

Account Name: _____

Account Description: _____

Account Number: _____

Estimated Volume: _____

Account Name: _____

Account Description: _____

Account Number: _____

Estimated Volume: _____

Credit References:

Business Name:

Contact Name:

Phone Number:

Business Name:

Contact Name:

Phone Number:

Required Financial Information:

Queenstown Bank of Maryland will consider only Remote Deposit applications supported by a full financial disclosure. Two years tax returns and six (6) months of deposit history are required. Further information may be requested. No application will be considered unless required information is submitted.

The undersigned hereby certifies that the information given in the foregoing statement is true and complete and is submitted for the purpose of obtaining Remote Deposit services. Queenstown Bank of Maryland is hereby authorized to obtain such information as may be required concerning foregoing statements which shall at all times remain the property of Queenstown Bank of Maryland. I further authorize Queenstown Bank of Maryland to make any investigation of my credit, either directly or through any agency. I understand that Queenstown Bank of Maryland will retain this application and any other credit information, even if I am not approved for Remote Deposit Capture.

Authorized Account Signer:

Print Name:

Date:

Recommending Bank Officer:

Print Name:

Date: