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**LANDMARK  
CREDIT UNION®**

1. Fill Out Application.
2. Print Application.
3. Sign Application.
4. Mail or Fax Form to:

## Business E-Deposit Application

Landmark Business Department  
Mail: 2775 S. Moorland Rd.  
New Berlin, WI 53151  
Fax: 262.796.5185

### Section 1 - Business Information

Business Name:

Organized as:  Corporation  Partnership  Sole Proprietor  LLP  LLC  Association  Other:

Email Address:

Business Street Address:

City:

State:

Zip code:

Business Phone: (      )

Month/Year Business Established:

Do you have accounts with Landmark? Yes  No

If Yes, please provide Member Number:

Nature of Business:

Annual Revenue (est. deposit volume):

Average Deposit Item Dollar Amount:

Estimated Deposit Frequency:

Estimated Daily Deposit Dollar Amount:

### Section 2 - Business Ownership Information

Business Owner's Information: (Application must be signed by an owner or authorized officer of the company, whose information is shown below.)

First Name:

Last Name:

M.I.:

Email Address:

Street Address:

City:

State:

Zip code:

Social Security #:

Date of Birth:      /      /

Home Phone: (      )

Residential Status: Own  Rent

Business Ownership:  Owner/Proprietor  Officer  Partner  Member  Manager  Other:

### Business E-Deposit System Requirements

System Component	Recommended Requirements
Operating System	Microsoft Windows XP, Vista or Windows 7
Software Component	Microsoft .NET 3.5 Framework (required)
Browser	Internet Explorer 6.0 or higher
CPU	2.0GHz processor
Memory	2 GB RAM
Hard Disk Drive	160 GB
USB Ports	2 USB 2.0 ports
Security	Anti-Virus Software and Anti-Spyware Software

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### Section 3 - Service Agreement

#### **Agreements Governing Business E-Deposit**

Whether Landmark determines to approve or renew this request, the undersigned understands and agrees that Landmark will rely upon the information set forth in this application and furnished in connection herewith. The undersigned authorizes Landmark to gather all business information, including all credit and investigative reports relevant to the approval of this request and relevant to the continued Business E-Deposit relationship of the undersigned and Landmark. The undersigned further requests and authorizes all creditor and all reporting agencies to furnish such information to Landmark. The undersigned acknowledges that this completed and signed application is merely an application for Business E-Deposit services, and that the final terms of services, if approved, will be subject to the Business E-Deposit Agreement, and that until such agreement is entered into, or until the service originates, no commitment exists. The undersigned represent and warrant that, except as expressly disclosed herein, the undersigned have no knowledge of any fact which does or with the passage of time could materially and adversely affect the service worthiness of the undersigned for purposes of either obtaining or paying this service. In the event the above requested service is approved, the undersigned hereby agree to provide Landmark with updated financial information as the credit union may request.

### Section 4 - Location Access

Please provide the address for each location that will be using Business E-Deposit along with the scanner information for each location:

Location Number:	Location Address: (Street, City, State, Zip)	Scanner Make/Model/Serial Number:
1		
2		
3		

### Section 5 - User Access

Please provide the following information for each user that will have access to Business E-Deposit:

Name:	Title:	Phone Number:	Email Address:	Location Access:
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

### Section 6 - Agreement (Signature)

By signing the below, I certify that the information in and accompanying this application is true and complete. Applicant and I authorize Landmark or its agents to verify this information and obtain additional information about Applicant or me from credit bureaus or any other sources and to report to others such information and credit experiences with Applicant or me. Acceptance or use of this service will be subject to terms of the Business E-Deposit Agreement. Applicant will be responsible for all obligations incurred according to those terms.

X	_____	X	_____
Signature of Owner/Principal	Date (MMDDYYYY)	Signature of Owner/Principal	Date (MMDDYYYY)

#### For Credit Union Use Only

Business E-Deposit Decision:		Date:
Approved: <input type="checkbox"/>	Approved Daily Dollar Limit:	Approved By:
Declined: <input type="checkbox"/>	If declined, provide reason(s):	