



**GBC**  
INTERNATIONAL BANK  
**Mobile Deposit Capture  
Customer Setup Form**

### I. CUSTOMER INFORMATION

<b>A. Business Information</b>			
Corporate / Legal Name:		DBA Name:	
Business Structure (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-Profit/Trust <input type="checkbox"/> Other			Federal Tax ID:
Physical Address:		City:	State: ZIP:
Billing Address (if different):		City:	State: ZIP:
Phone Number:	Fax Number:	Customer Service Phone Number:	
Customer Service Email Address:		Website Address / URL:	
Business Description (Describe exactly what type of products or services for which customer will be accepting payments):			
Days & Hours of Operation:		Time Zone: <input type="checkbox"/> PST <input type="checkbox"/> MST <input type="checkbox"/> CST <input type="checkbox"/> EST	
<b>B. Customer Contact Information</b>			
Contact Name:		Title:	
Phone Number:	Cell Phone Number:	Email Address:	

### II. SMARTPHONE INFORMATION

Type of Phone: <input type="checkbox"/> iPhone - Indicate Model: _____ <input type="checkbox"/> Android - Indicate Version: _____
Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T-Mobile <input type="checkbox"/> Other _____

### III. EXPECTED DEPOSIT ACTIVITY

<b>Please indicate the following:</b>	
_____ Number of checks deposited per week	_____ Average dollar amount of each check

**Fax completed form to: (626) 288-1771**

## IV. BANK ACCOUNT INFORMATION

<b>A. Primary Bank Account Information</b>		
Enter the customer's bank account information here. If applicable, additional bank account information ("Locations") may be entered into sub-section B. <b>All bank accounts associated with a customer must be the same type (i.e., Checking, Savings, etc.).</b>		
Requested Login ID (if available):		
Name on Account:		Account Nickname (Optional):
Routing Number:	Primary Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
<b>B. Additional Locations &amp; Settlement Information</b>		
All bank accounts associated with a customer must be the same type (i.e., Checking, Savings, etc.).		
Account Nickname (Optional):		
Routing Number:	Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Account Nickname (Optional):		
Routing Number:	Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Account Nickname (Optional):		
Routing Number:	Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other

## V. SECURED COMMUNICATION

Financial Institution personnel authorized to act as a contact person and respond to questions regarding this setup form.

GBCIB Contact Name:	GBCIB Contact Email Address:
GBCIB Contact Phone Number:	GBCIB Contact Fax Number:

## VI. SIGNATURES

Customer Name:		Financial Institution Name:	
Signature:	Date:	Signature:	Date:

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