



SFC Mobile Deposit Enrollment Form

Initial Setup Change

Name _____ Daytime Ph _____

Business Name (if applicable) _____

Address _____ City _____ St _____ Zip _____

Email Address _____

Accounts Authorized to Receive Mobile Deposit _____

***Please limit selection only to checking or savings accounts which will receive remotely created deposits. Mobile access to account information and activity does not require this form.**

Acct Number _____ Account Nickname _____

Acct Number _____ Account Nickname _____

Acct Number _____ Account Nickname _____

Acct Number _____ Account Nickname _____

By signing below I, being the owner of the account(s) for which the Service will be used, or in the case of a business entity, a duly authorized representative of such entity, hereby acknowledge that: (1) I consent to receive electronically all Electronic Funds Disclosures; (2) I have received, read, and agree to the terms, conditions, and fees set out in the SFC Mobile Deposit Terms and Conditions ("Terms"); (3) I agree that the "Terms", as amended from time to time will govern all transactions involving the Mobile Banking and Mobile Deposit Service; (4) I agree that Springfield First Community Bank may communicate to me any notices of change in Terms and all disclosures required by law via email or by posting on its website at www.SFCbank.com; (5) I agree to notify Springfield First Community Bank of any changes to my email address; (6) I understand that account security and access is controlled by my login ID and password and that I should control its security and use; (7) I authorize Springfield First Community Bank to honor all transactions using my login ID and password, including stop payments entered on-line which will be honored the same as if an original signed stop payment request was on file. I further attest that I am an authorized signer on each account referenced above; and (8) unless otherwise designated, my primary account will be charged for any applicable fees. (9) I understand that I may request a paper copy of the disclosures, notices, terms and conditions, other documents and any changes. To receive a paper copy at no charge, please request it in one of the following ways: send an email message with your name and mailing address to operations@SFCbank.com, call us at 417.882.8111, or write us at SFCbank, 2006 S Glenstone Avenue, Springfield, MO 65804. Be sure to state that you are requesting a copy of the disclosures, notices, etc.

Authorized Signer

Date

Bank Use Only			
Received by:		Date:	Time:
NetTeller ID:		Notes:	
Officer Approval:			
<input type="checkbox"/> Enabled	<input type="checkbox"/> Not enabled – reason:		
<input type="checkbox"/> Customer Contacted	Date:	Time:	<input type="checkbox"/> Core Field 831