

Small Business Remote Deposit Application



Tell Us About Your Business			
Business Name		Federal Tax ID	
Authorized Applicant Name		Applicant Title	
Street Address	City	State	Zip
Email Address (required)		Business Phone	
Is your business a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Non Profit <input type="checkbox"/> Other (specify) _____			
Description of Business (or Industry Code/NAICS):			
How long has your business been a customer of Commerce Bank? _____ yrs.		Have you had a personal banking relationship with Commerce? If so, how long? _____ yrs.	
One of the following Operating Systems is required to run Small Business Remote Deposit. Please indicate which operating system your business uses: <input type="checkbox"/> Windows 7 <input type="checkbox"/> Windows 8 <input type="checkbox"/> Windows 8.1 <input type="checkbox"/> Windows 10 <input type="checkbox"/> Mac OS 10.7.5 or later			
Deposit Needs			
Estimated Monthly Deposits: \$ _____			
Do you regularly deposit checks greater than \$15,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what is your largest typical check in a month? \$ _____			
Location(s)			
<input type="checkbox"/> Same as the primary address provided above. Location Name or Title: _____			
<input type="checkbox"/> We have multiple locations OR one location that is different than the primary address provided above (Please skip the "Administrator and Account Information" section, and provide further location information on the <u>next page</u>)			
Administrator and Account Information			
<input type="checkbox"/> I, the applicant above , will be the location administrator for remote deposit			
<input type="checkbox"/> We will have a different remote deposit administrator for our location (Note: must be an authorized signer on the account). His/her name is: _____			
Administrator Preferred Username:			
Primary Deposit Account Number:		Primary Account Name:	
Secondary Deposit Account Number:		Secondary Account Name:	
Other Accounts:			
Electronic Endorsement (recommended) <input type="checkbox"/> Yes <input type="checkbox"/> No			

For Internal Use Only			
Officer Name	Number	Phone	Branch Number

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Other Location Information *Note: only fill out this page if the company has multiple locations or a single location for remote deposits that is different from your primary*

Location 1 Name:			
Street Address	City	State	Zip
Location Administrator:		Administrator Preferred Username:	
Primary Deposit Account Number:		Primary Account Name:	
Secondary Deposit Account Number:		Secondary Account Name:	
Electronic Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No			

Location 2 Name:			
Street Address	City	State	Zip
Location Administrator:		Administrator Preferred Username:	
Primary Deposit Account Number:		Primary Account Name:	
Secondary Deposit Account Number:		Secondary Account Name:	
Electronic Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No			

Location 3 Name:			
Street Address	City	State	Zip
Location Administrator:		Administrator Preferred Username:	
Primary Deposit Account Number:		Primary Account Name:	
Secondary Deposit Account Number:		Secondary Account Name:	
Electronic Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No			

Location 4 Name:			
Street Address	City	State	Zip
Location Administrator:		Administrator Preferred Username:	
Primary Deposit Account Number:		Primary Account Name:	
Secondary Deposit Account Number:		Secondary Account Name:	
Electronic Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No			

Next Steps:

Return this form to a Commerce Bank Representative
 Commerce Bank Representatives submit this form to the SBB Applications and Supporting Documents mailbox