

# Small Business Remote Deposit

## Simple. Fast. Convenient.

### • Remote Deposit Application Cover Sheet •

Attn: Small Business Banking

Fax number: 816-760-3986

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Pages \_\_\_\_\_

Message: \_\_\_\_\_



**Commerce Bank**<sup>TM</sup>  
Member FDIC

## Small Business Remote Deposit

Thank you for your interest in Small Business Remote Deposit. Small Business Remote Deposit allows you to electronically deposit checks 24/7 without ever leaving your office or home. Your checks are submitted using an encrypted internet connection and are available the next business day. In order to better meet your needs, the tables below outline the minimum system requirements necessary to use Small Business Remote Deposit, as well as all associated fees for this service.

OPERATING SYSTEM REQUIREMENTS	Windows 7	Windows 8.1	Windows 10	Mac OS 10.10 or later
Internet Browser	Internet Explorer 11 Google Chrome Mozilla Firefox	Internet Explorer 11.0 Google Chrome Mozilla Firefox	Internet Explorer 11.0 Google Chrome Mozilla Firefox	Safari 8 or later
Software	Adobe FlashPlayer (Version 9 or later)	Adobe FlashPlayer (Version 9 or later)	Adobe FlashPlayer (Version 9 or later)	Adobe FlashPlayer (Version 9 or later)
	Adobe Acrobat Reader (Version 8 or later)	Adobe Acrobat Reader (Version 8 or later)	Adobe Acrobat Reader (Version 8 or later)	Adobe Acrobat Reader (Version 8 or later)
Display	Minimum screen resolution 1024x768	Minimum screen resolution 1024x768	Minimum screen resolution 1024x768	Minimum screen resolution 1024x768
USB	2.0	2.0	2.0	2.0
High Speed Internet Access	DSL or better preferred	DSL or better preferred	DSL or better preferred	DSL or better preferred

**\*User must have administrative rights on the computer. This allows the user to download the necessary software.**

FEE DISCLOSURE	Small Business Options Checking	All Other Small Business Checking (Non-Analyzed)
Scanner (CX30)	FREE	FREE
Monthly Fee	\$15	\$30
Per Item Fee	N/A	N/A
Additional Accounts	FREE 10 account Max	FREE 10 account Max

### Instructions:

- 1) Please complete the Remote Deposit application. All fields on the application are required unless specified as optional.
- 2) Please provide 3 months of Business Checking account statements if:
  - a. Your Commerce account (listed below) is not currently your primary account.
  - b. Your Commerce account has not been opened for three months.
- 3) Please provide a current balance sheet if your organization is registered as a Non-Profit or a personal financial statement if your business is a Sole Proprietorship Not registered with the State

For questions, please call 1-866-365-9346, e-mail [mymoney@commercebank.com](mailto:mymoney@commercebank.com), or come by your local branch.

## TELL US ABOUT YOUR BUSINESS

Business Name		Primary Owner's Name			Title	
Street Address	City	State	Zip	County	Business Phone	
Federal Tax Identification #		How long has your business been established? (yrs.) _____ How long has your business been under current management? (yrs.) _____				
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) _____		Registered in: <input type="checkbox"/> Missouri <input type="checkbox"/> Colorado <input type="checkbox"/> Oklahoma <input type="checkbox"/> Kansas <input type="checkbox"/> Illinois <input type="checkbox"/> Other (specify) ____				
Description of business:					Annual Sales \$:	
Primary Bank for your Business:		Average balance in your business checking account				
		How long (yrs.) _____				
Estimated Number of Checks Deposited per month		Estimated Dollar Amount Deposited per month				
<b>Do you typically deposit checks greater than \$25,000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how often?</b> _____						
<b>Has the business ever declared bankruptcy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____						
<b>Have any principals ever declared bankruptcy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____						

## TELL US ABOUT YOURSELF

**Please list the following information on each owner of the business.** (Attach separate schedule if necessary.) (Applicants must have Box D authorities on all applicable Signature Card Resolutions in order to operate the Remote Deposit Service.)

1. NAME		DATE OF BIRTH			SOCIAL SECURITY #		
		MM	DD	YY			
ADDRESS: STREET	CITY	STATE	ZIP	% OF OWNERSHIP			
PREFERRED EMAIL	PHONE ( )						
2. NAME		DATE OF BIRTH			SOCIAL SECURITY #		
		MM	DD	YY			
ADDRESS: STREET	CITY	STATE	ZIP	% OF OWNERSHIP			
PREFERRED EMAIL	PHONE ( )						
3. NAME		DATE OF BIRTH			SOCIAL SECURITY #		
		MM	DD	YY			
ADDRESS: STREET	CITY	STATE	ZIP	% OF OWNERSHIP			
PREFERRED EMAIL	PHONE ( )						
4. NAME		DATE OF BIRTH			SOCIAL SECURITY #		
		MM	DD	YY			
ADDRESS: STREET	CITY	STATE	ZIP	% OF OWNERSHIP			
PREFERRED EMAIL	PHONE ( )						

## TELL US ABOUT YOUR OPERATING SYSTEM

Operating System ☐ Windows 7 ☐ Windows 8.1 ☐ Windows 10 ☐ Mac OS 10.10 or later

## TELL US ABOUT YOUR LOCATIONS

Please tell us about your physical locations and the Commerce Bank Checking Accounts in which you would like to submit deposits. The key below explains each of the required fields.

**Location Name** - This is the name of the physical location (i.e. Kansas City, 922 Walnut, or Headquarters etc.).

**Location Administrator** - This is the individual that will have the ability to add and remove users at their specific physical location. The location administrator cannot add/remove/change users at other locations. You may have the same or different Administrators for each location. (The location administrator must have Box D authorities on all applicable signature cards)

**Primary and Additional Account Numbers** - These are the account numbers that you would like to make deposits to. You may list the same account number at multiple physical locations if needed.

**Primary and Additional Account Name** - This is the name you can give each account number so you can easily identify it on the deposit screen. (i.e. Operating, Payroll, Taxes, IOLTA etc.)

**Electronic Endorsement** - This feature applies a standard endorsement electronically on all items submitted. (ex. For Deposit Only)

### Location 1 or Main Location:

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

### Location 2:

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

## AGREEMENT

The individual(s) signing below on behalf of the Applicant applying for this service hereby certifies that all of the statements above and on any other documents provided to the Bank are true and complete as of the date given. The individual(s) signing below in their individual capacity and on behalf of the Applicant authorize Bank to verify all of the information given, to obtain a credit report or any other verification of credit references, and to make such other investigation as the Bank deems appropriate. The individual(s) signing below and the Applicant agree to notify the Bank promptly of any adverse change in their financial condition. If the Applicant is a corporation or partnership, all authorized owners/principals must sign and include their corporate/partnership title. Important Information: Our bank complies with the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your account application.

X

SIGNATURE

DATE

X

SIGNATURE

DATE

### FOR INTERNAL USE ONLY

Officer Name:	Number:	Phone Number:	Fax Number:	Branch Number:
---------------	---------	---------------	-------------	----------------

**Please return completed application packet to your local branch.**

**Thank you for this opportunity to work with you.**