

REMOTE DEPOSIT REQUEST FORM

A. GENERAL INFORMATION

REQUESTING DEPT:

ACCT NO:

RDSO LOCATION / SHIPPING ADDRESS:

ACCT TYPE:

PRIMARY CONTACT

ACCOUNT DESCRIPTION:

Name:

Telephone No:

EXPECTED DAILY VOLUME:

Email Address:

DEPOSIT FREQUENCY:

B. TECHNICAL REQUIREMENTS

IMPORTANT NOTE: Your system must meet the minimum equipment and software requirements and recommended configuration to achieve better results. Please review systems requirements prior to submitting request.

SOFTWARE & HARDWARE: *(Please select from the dropdown list)*

USB 2.0 Port? (Y/N)

Operating System

Broadband with TCP/IP enable connectivity? (Y/N)

Internet Browser*

*If you are using any version of Internet Explorer, only 32 bit editions are supported. Office and Adobe Reader software are required to run reports in the application.

SCANNER:

of Scanner Needed:

Scanner Model/Type:

Capacity (Medium Volume):

C. RDSO CASHPRO USER ACCESS

	User Name	Phone #	Email Address	CashPro User ID <i>(if existing)</i>	User Role
1					Operator
2					Operator
3					Operator
4					Operator
5					Operator

Please email request to: ftx.bankwires@sfgov.org