



## Merchant Capture Application

For assistance completing this form, please contact Member Business Services at 770-424-0060, Option 4.

Business Name:

Company/Doing Business As (Optional):

Street Address:

City:

State:

Zip Code:

Business Phone Number:

Business Email Address:

Federal Tax ID#:

If different than the address above, please indicate the address where Merchant Capture software and equipment will be installed:

Applicant Name:

Applicant Phone Number:

Applicant's Title:

Applicant Email:

By signing below I acknowledge that I have been given the terms of the *Business Merchant Capture Agreement* provided by an employee of LGE Community Credit Union.

**Applicant Signature:**

**Date Signed:**

Please choose a Primary Contact person and additional contacts as they apply to your business:

1. Contact

Name:

Title:

Phone:

Email

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2. Contact

Name:

Title:

Phone:

Email

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3. Contact

Name:

Title:

Phone:

Email

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Account Number:

Number of Workstations:

Estimated Number of Items per Deposit:

Estimated Average Daily Deposit Amount:

Have you ever had Remote Deposit Capture or Merchant Capture with another Financial Institution:

Yes

No