

# First Bank & Trust Company Mobile Deposit Application

## Customer Information:

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

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Account & Deposit Information:

FB&T Account #: \_\_\_\_\_ Use this account as your deposit account?  Yes  No

Dollar amount expected for each deposit: \_\_\_\_\_

Frequency of deposits: \_\_\_\_\_

## Security Measures:

- Phone must be password protected
- Back of check properly endorsed – FOR MOBILE DEPOSIT ONLY AT FB&T ACCOUNT  
XXXXXXX
- Front of check marked after deposit – SCANNED IN MOBILE DEPOSIT
- Keep checks for 15 days after deposit in a secure location, then shred check according to contract

## Customer

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## First Bank & Trust Company

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*By signing this application, you agree to the Terms and Conditions of the FB&T Mobile Deposit Services Enrollment & Agreement

\*\*Please bring completed and signed applications to your nearest FB&T location.

OR

Submit the completed form to [service@bankfbt.com](mailto:service@bankfbt.com) and we will verify by phone.