



E-Deposit Application

Member Name: _____ Member Number: _____
 Address: _____ Cell Phone: (____)____-_____
 _____ Other Phone: (____)____-_____
 Email Address: _____

To qualify for E-Deposit services you must:

- **Be a Credit Union member for at least 60 days**
- **Have all accounts and loans in good standing**
- **Have a valid email address and current contact information**

If you do not meet all of the above criteria you may contact the Credit Union for other options.

Check this box to confirm you have received and read the O&R Utilities EFCU E-Deposit Service Agreement.

Applicant's Signature: _____ Date: _____

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For Credit Union Use Only:

Member approved? Yes No

Notes: _____

E-Deposit Service approval/denial email sent? Yes No

Added to Sharetec? Yes No

Signature of CU employee: _____

Date Completed: _____