



Mobile Deposit Customer Approval

Name	
Address	
City, State Zip	
Home Phone number	
Cell Phone number	
Email Address	
Type of Account / Account Number	
Are you at least 18 years of age?	

Customer Signature: _____ Date: _____

Please return to CFBK:

via Fax 931-490-6387 attention Electronic Banking Administrator

Or mail to: Community First Bank & Trust
 c/o Electronic Banking Administrator
 501 S. James Campbell Blvd
 Columbia, TN 38401

NOTE: Due to the sensitive nature of the information on this form, please do not email.

*****BELOW FOR CFBK OPERATIONS USE ONLY*****	
Number of Times NSF or OD (no more than 2 times in last 6 months)	
Customer of CFBK since when? (Up to 30 days)	
Per Item Deposit Limit Assigned	
Daily Deposit Limit Assigned	

Operations Approval: _____ Date: _____