

DELAWARE INTERCORP, INC.
A DELAWARE COMPANY

CHECK DEPOSIT COURIER SERVICE ORDER FORM

Company Information:

ENTITY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

Banking Details

BANK NAME: _____

BANK ADDRESS (for deposits): _____

ACCOUNT #: _____

Initial Fees:

- Set up - \$85.00
- Pro-rated annual fee (to Oct. 1st) - varies

Usage Fees:

- Check processing - \$4.00 per check
- Deposit fee (courier) - \$15.00 per
- Deposit fee (walk in) - \$25.00 per
- Custom deposit schedule - \$25.00/month
- Receipt of courier delivery - \$15.00 per

Annual Fees:

- Renewal (due Oct. 1st) - \$99.00

Service Type: (choose one)

- Weekly deposit via courier service
- Weekly deposit via walk-in courier service (local bank branches only)
- Custom deposit schedule via courier service
- Custom deposit schedule via walk-in courier service (local bank branches only)

Service Options: (choose one)

- Scan and forward any materials* accompanying checks as well as my deposit documentation via email for no additional charge
- Shred any materials* accompanying checks as well as my deposit documentation for no additional charge
- Send any materials* accompanying checks as well as my deposit documentation via 1st class USPS mail for the applicable mail forwarding rates.

* Material may include, but are not limited to correspondence, check evidence/stubs.

Date: _____

Authorizing Signature

Printed Name

PAYMENT TYPE:

VISA MASTERCARD AMERICAN EXPRESS CHECK

CARD NUMBER: _____ EXP DATE: _____ NAME ON CARD: _____

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Check Deposit Courier Service (CDCS)
Authorization Form

By signing the form below, you are agreeing to grant Delaware Intercorp, Inc. permission to open all mail addressed to your entity. Checks payable to your company will be delivered to your bank using the information you have provided on your order form. The time between receipt and courier for deposit will vary depending on service options you have selected. This service is only available to customers who are current clients of Delaware Intercorp, Inc., in good standing, and requires a subscription to one of our mail forwarding, virtual office or business presence programs. Delaware Intercorp is not liable for any lost or stolen check mail items. We will take reasonably prudent steps to ensure proper delivery of the checks we receive and courier on behalf of your company.

I, _____ agree to the terms stated above, and by purchasing the Check Deposit Courier Service authorize Delaware Intercorp, Inc. to open any mail address to my entity, _____ (print or type Company Name) .

Signature

Date

Print Name