# Office of Investments and Banking

# Desktop Deposit Access Request Form

# Complete this form to request access (addition/deletion) for

# Desktop Deposit® Check Imaging.

Please allow 5 work days for the processing of your request

\*\*Please note that Approval access for Departmental Deposits is requested via **an EFS Access Request Form**

**Contact Information**

|  |  |
| --- | --- |
| Requestor’s Name:       | Date:       |
| Email:       | Phone:       |
| IT Support Staff Name:       | Phone:       |
| RRC Manager Name:       | Phone:       |
| RRC Manager Signature:  |  |

|  |  |
| --- | --- |
| College/Business Unit Name |       |

**Check Image Scanners**

|  |  |
| --- | --- |
| **# of Scanners****Per Location** | **Address Location** |
|       |       |
|       |       |
|       |       |
|       |       |

**Employee Access Request to Desktop Deposit System**

Ck appropriate box “X”

**Employee Name Email Phone No. Add Delete**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
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