# 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** |
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**Employee Access Request to Desktop Deposit System**

Ck appropriate box “X”

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

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