



Remote Deposit Capture Self-Assessment

NCF Savings Bank-Direct Link Merchant

Customer Name: _____

Customer Address: _____

Please complete the below self-assessment related to Remote Deposit Capture for your business:

1. Will scanned checks be stored in a safe and secure place for a minimum of 30 days?
☐ Yes ☐ No
2. Do you have the capability to securely destroy the scanned checks after the required retention period expires?
☐ Yes ☐ No
3. Do you have an established process to maintain, update, and keep current the company's network, desktop operating systems, Remote Deposit Capture application/equipment, and anti-virus software?
☐ Yes ☐ No
4. How many people will have access to perform Remote Deposit for your business? _____
5. Will non-employees (accountant, contract workers, etc.) have access to perform Remote Deposit for your business?
☐ Yes ☐ No
6. Do you agree to adequately train the individual(s) responsible for the Remote Deposit process? (Refer to Remote Deposit Customer Agreement and Addendums)
☐ Yes ☐ No
7. Do you have processes in place to remove Remote Deposit access for individuals who no longer perform RDC for your business?
☐ Yes ☐ No
8. Who will have the authority to request limit changes for Remote Deposit for your business?

9. Do you have separation of duties/controls in place for the transmission and reconciliation of remotely deposited items?
☐ Yes ☐ No
10. Do you grant NCF Savings Bank permission to perform an on-site visit of your location to ensure adequate controls are in place related to Remote Deposit, including, but not limited to, secure retention, storage and destruction of deposited items?
☐ Yes ☐ No



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Please provide an explanation of any items above that were answered “No”.

Please briefly describe your organization’s information security infrastructure.

Please briefly describe your organization’s risk management practices.

Information provided by:

Signed: _____ Title: _____

Date: _____