

Pre-Installation Survey

Welcome to the IMM family. We appreciate your confidence in our company and our eSignature & Digital Transaction solutions and look forward to working with you to power the digital strategies and initiatives you have established for your institution.

This Customer Profile Form helps us gather key information vital both to the implementation process and for the ongoing management of the relationship between IMM and your institution for years to come.

Please complete the form by providing the information requested. The completed form must be returned prior to the scheduling of your kick-off call.

There is a section at the end of the form that will provide guidance on elements that may be confusing. However, if you should have any questions as you work through the form, please do not hesitate to contact your IMM Project Manager.

Financial Institution Information

FI Name

FI Address

Branch Hours of Operation

Drive-Thru Hours of Operation

Number of Branches

Number of eReceipts Workstations

Time Zones of all Branches Running eReceipts

(Note: Hours of operation is critical as this is what we gauge our cloud deployments on.)

Eastern

Central

Mountain

Pacific

Pre-Installation Survey

FI Contact Information

Project Lead Name	_____
Role	_____
Email	_____
Phone Number	_____
Technical Lead Name	_____
Role	_____
Email	_____
Phone Number	_____

3rd Party IT Information

3 rd Party IT Vendor	_____
IT Resource Name	_____
Role	_____
Email	_____
Phone Number	_____

Note: If a third-party resource will be involved with the eReceipts Implementation Project, IMM requires a Non-Disclosure Agreement to be signed by all parties.

Pre-Installation Survey

Business System Information

Core System/Version	_____		
Core In-House or Hosted	_____		
Core Test Environment	Yes	No	_____
Imaging System	_____		
Do you have an account with Eltropy?	Yes	No	_____
If Yes, within Eltropy do you have IP whitelisting enabled?	Yes	No	_____

Azure AD Credentials

Microsoft Azure User Principal Name(s) (Global Admin)	_____
Domain OID (Please Copy/Paste Tenant ID) (GUID)	_____
Domain Name (FQDN) (Microsoft Azure Domain Name)	_____

Workstation Environment

Anti-Virus Software	_____		
WS Client Environment	Thick	Thin	Virtual
WS Operating System	Windows 10	Windows 11	_____

Pre-Installation Survey

Hardware Devices (Make/Model)

Signature Pads	_____
Receipt Printer	_____
Scanners	_____
Tablets/iPads	_____

eReceipts Services

Email Receipts	Yes	No	_____
Text Receipts (Requires Signed Proposal)	Yes	No	_____
Remote Signing (Requires Signed Proposal)	Yes	No	_____
Hold Notices	Yes	No	_____
Shared Branching	Yes	No	_____
Co-Op Logo	Yes	No	_____
FI Logo Printed on Receipt	Yes	No	_____

Implementation Plan

Preferred Deployment Method for Client Components	Silent Install via MSI	Manual via Machine	_____
Implementation Plan	One Branch	All Branches	_____

Pre-Installation Survey

IMM Additional Test/Train License(If Applicable)

Please let us know your intent for utilizing a test/train environment

Additional Comments/Requirements

Please list if any additional comments or requirements