MERCHANT DEPOSIT CAPTURE APPLICATION

First Name: Last Name:

Submitted on:

If you do not understand any part of the following information, an employee at any branch or at Customer Service will be happy to assist you.
Phone calls may be monitored or recorded for quality control purposes. Customer Service phone numbers are as follows: 1-800-342-0679 and 1-361-275-2345.

COMPANY INFORMATION

Company Information

Legal Name of Business

Company/Doing Business As

Website Address

Number of years in business

Number of years at TrustTexas Bank

Business Address (required)	Address Line 1 Address Line 2 City State ZIP Code
Mailing Address (if different than Business Address)	Address Line 1 Address Line 2 City State ZIP Code

Business Phone	Business Fax	Primary Applicant's Direct Phone	Federal Tax ID

Do you offer products and services outside the United States?	◯ Yes ◯ No
Have you filed for bankruptcy in the past seven years?	◯ Yes ◯ No

Does your company currrently use our Business Internet Banking system? (required)	◯ Yes ◯ No
Does your company currently use our ACH or wire services?	◯ Yes ◯ No
Do you use Merchant Capture at another Financial Institution?	◯ Yes ◯ No

EMPLOYEE INFORMATION

Do you perform background checks on new employees?	◯ Yes ◯ No
Is a photo ID required for employment?	◯ Yes ◯ No
Are photo IDs worn in the workplace?	◯ Yes ◯ No

PRIMARY APPLICANT

Enter the name of the person authorized to agree to the contract later in the application. (required)

	Primary Applicant
Authorized Person	
Authorized Person's Title	
Social Security Number	
Email	

MULTIPLE LOCATIONS

	Location Name	Address	City	State	Zip Code	Expected Start Date
Location 1						
Location 2						
Location 3						
Location 4						

CONTACTS

		Primary Contact	Secondary Contact	Deposit Corrections
The Primary Contact information is required. All other contacts are optional and will be filled in with the Primary Contact information if none are provided. (required) *Notification of any deposit corrections will be sent to either the fax number or the Email address listed.*	Name			
	Title			
	Phone			
	Fax			
	Email			
	Social Security Number			

ACCOUNT AND DEPOSIT INFORMATION

		Account Number
To open an account contact your nearest TrustTexas Bank branch location. (required)	Account Number	

Use this account as your billing account? (required)	◯ Yes ◯ No
Use this account for the following locations	

PLEASE ESTIMATE THE FOLLOWING "AVERAGE" INFORMATION.

Number of Workstations	
Deposit Days	
Items per Deposit	
Dollar Volume per day	

SCANNER/IT INFORMATION

Number of Scanners to be used	Make & Model of Scanner(s)

Do you have wireless Internet access?	◯ Yes ◯ No
What operating systems do you use on computers connected to the scanners?	☐ Windows 10 ☐ Windows 11 ☐ Other:
Do you keep updated antivirus software on your computers?	◯ Yes ◯ No

Do all computers use a firewall?	◯ Yes ◯ No
Do you perform IT audits? *If yes, please supply financial institution with a copy of latest audit.*	◯ Yes ◯ No
Do you have IT staff onsite?	◯ Yes ◯ No
Do you offer VPN or remote access for staff?	◯ Yes ◯ No

TOKENS

Each person must be assigned their own token to originate ACH File Transfers.

How many tokens are needed? _____

	Token User 1	Token User 2	Token User 3	Token User 4
Name				
Phone				
Email				

PAPER CHECK HANDLING

Do you plan to mark or "frank" each paper check after it has been successfully issued to the financial institution?	◯ Yes ◯ No
How long do you plan to store the original checks after depositing? *You must keep the original checks for a minimum of 120 days.*	
Will your original checks be stored in a locked and secure location after scanning?	◯ Yes ◯ No
What method will you use to securely destroy original checks after the retention period?	

ENDORSEMENT

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. I authorize the Financial Institution to make any credit or investigative inquiry that the Financial Institution determines appropriate. I understand that I must update the information listed above at your request and if my financial condition changes.

☐

Primary Applicant's Signature	Date