



## 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?		<input type="radio"/> Yes <input type="radio"/> No									
Have you filed for bankruptcy in the past seven years?		<input type="radio"/> Yes <input type="radio"/> No									
Does your company currently use our Business Internet Banking system? (required)		<input type="radio"/> Yes <input type="radio"/> No									
Does your company currently use our ACH or wire services?		<input type="radio"/> Yes <input type="radio"/> No									
Do you use Merchant Capture at another Financial Institution?		<input type="radio"/> Yes <input type="radio"/> No									
EMPLOYEE INFORMATION											
Do you perform background checks on new employees?		<input type="radio"/> Yes <input type="radio"/> No									
Is a photo ID required for employment?		<input type="radio"/> Yes <input type="radio"/> No									
Are photo IDs worn in the workplace?		<input type="radio"/> Yes <input type="radio"/> 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**

<p>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)</p> <p><i>Notification of any deposit corrections will be sent to either the fax number or the Email address listed.</i></p>	Primary Contact	Secondary Contact	Deposit Corrections
	Name		
	Title		
	Phone		
	Fax		
	Email		
	Social Security Number		

**ACCOUNT AND DEPOSIT INFORMATION**

<p>To open an account contact your nearest TrustTexas Bank branch location. (required)</p>	Account Number
	Account Number
Use this account as your billing account? (required)	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No		
What operating systems do you use on computers connected to the scanners?	<input type="checkbox"/> Windows 10 <input type="checkbox"/> Windows 11 <input type="checkbox"/> Other:		

Do you keep updated antivirus software on your computers?	<input type="radio"/> Yes <input type="radio"/> No
Do all computers use a firewall?	<input type="radio"/> Yes <input type="radio"/> No
Do you perform IT audits? <i>If yes, please supply financial institution with a copy of latest audit.</i>	<input type="radio"/> Yes <input type="radio"/> No
Do you have IT staff onsite?	<input type="radio"/> Yes <input type="radio"/> No
Do you offer VPN or remote access for staff?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
How long do you plan to store the original checks after depositing? <i>You must keep the original checks for a minimum of 120 days.</i>	
Will your original checks be stored in a locked and secure location after scanning?	<input type="radio"/> Yes <input type="radio"/> 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**

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