

## 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					
Legal Name of Business		Company Information	1		
Company/Doing Business As					
Website Address					
Number of years in business					
Number of years at TrustTexas Bank					
	Address Line 1				
Business Address (required)	Address Line 2				
	City	State	ZIP Code		
Mailing Address (if different than Business Address)	Address Line 1  Address Line 2				
Dusiness Address;	City	State	ZIP Code		

Business Phone	Business Fax	siness 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 Business Internet Banking system (required)						
Does your company currently use ACH or wire services?	Our Yes No					
Do you use Merchant Capture at another Financial Institution?	Yes No					
		EMPLOYEE	INFORMA	TION		
Do you perform background check on new employees?	S Yes No					
Is a photo ID required for employment?	Yes No					
Are photo IDs worn in the workplace	ce? Yes					
		PRIMAR	Y APPLICAI	VΤ		
				Pi	rimary Applicant	
		horized Person				
Enter the name of the person authorized to agree to the contract later in the application. (required)		horized n's Title				
	Social S	Security Number				
		Email				
MULTIPLE LOCATIONS						
Lo	cation Name	Address	City	State	Zip Code	Expected Start Date
Location 1			-			
Location 2						
Location 3						
Location 4						

CONTACTS					
		Primary Contact	Secondary Contact	Deposit Corrections	
	Name				
The Primary Contact information is required. All other contacts are	Title				
optional and will be filled in with the Primary Contact information if none	Phone				
are provided. (required)  Notification of any deposit corrections	Fax				
will be sent to either the fax number or the Email address listed.	Email				
	Social Security				
	Number				
	ACCOUNT A	ND DEPOSIT INFORM	IATION		
To open an account contact your			Account Number		
nearest TrustTexas Bank branch location. (required)	Account				
location: (required)	Number				
Use this account as your billing	O Yes				
account? (required)	○ No				
Use this account for the following locations					
	PLEASE EST	TIMATE THE FOLLOW	ING "AVERAGE" INFORM	MATION.	
Number of Workstations					
Deposit Days					
Items per Deposit					
Dollar Volume per day					
	SCAN	NER/IT INFORMATION	ı		
Number of Scanners to be used Make & Model of Scanner(s)					
→ Yes					
Do you have wireless Internet access?	O Yes				
	Windows 10				
What operating systems do you use	Windows 11				
on computers connected to the scanners?	Other:				

Do all computers use a firewall?  No  Do you perform IT audits?   Yes   No   Yes   No   No   No   No   No   No   No   No	Do you keep updated antivirus software on your computers?	○ Yes ○ No			
If yes, please supply financial institution with a copy of latest audit.  Do you offer VPN or remote access or staff?  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?  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 after the retention period?  What method will you use to securely destroy original checks after the retention period?	Do all computers use a firewall?				
Do you offer VPN or remote access for staff?  Do you offer VPN or remote access for staff?  Token S  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?  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 after the retention period?  What method will you use to securely destroy original checks after the retention period?	If yes, please supply financial				
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destroy original checks after the retention period?	locked and secure location after				
	destroy original checks after the		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			