ACH ORIGINATION 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 from 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 Merchant Deposit services?	○ 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

Primary Applicant

Enter the name of the person authorized to agree to the contract later in the application. (required)	Authorized Person	_____
	Authorized Person's Title	_____
	Social Security Number	_____
	Email	_____

USERS

	Primary User	Additional User 1	Additional User 2	Additional User 3
Name				
Title				
Phone				
Fax				
Email				
Social Security Number				

ACCOUNT AND ACH FILE TRANSFER INFORMATION

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

PLEASE ESTIMATE THE FOLLOWING INFORMATION

When will transfers be made? (ex. Monthly, Weekly, Bi-Weekly)	
Schedule of Transfers (ex. Every Monday, 15th of every month, etc)	
Average dollar amount of transfer	
Number of employees/customers	

What type of files will you be processing? (required)	◯ Credit Files ◯ Debit Files
What type of software will you be using? (required)	◯ Third Party Software ◯ Bank's Software

IT INFORMATION

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	_____	_____	_____	_____

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

_____   _____