# 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<br>◯ No |
| Have you filed for bankruptcy in the past seven years? | ◯ Yes<br>◯ No |
| Does your company currrently use our Business Internet Banking system? (required) | ◯ Yes<br>◯ No |
| Does your company currently use our Merchant Deposit services? | ◯ Yes<br>◯ No |

## EMPLOYEE INFORMATION

| | |
|---|---|
| Do you perform background checks on new employees? | ◯ Yes<br>◯ No |
| Is a photo ID required for employment? | ◯ Yes<br>◯ No |
| Are photo IDs worn in the workplace? | ◯ Yes<br>◯ 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**<br><br>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<br>◯ Debit Files |
|---|---|
| What type of software will you be using? (required) | ◯ Third Party Software<br>◯ Bank's Software |

## IT INFORMATION

| Do you have wireless Internet access? | ◯ Yes<br>◯ No |
|---|---|
| What operating systems do you use on computers connected to the scanners? | ☐ Windows 10<br>☐ Windows 11<br><br>☐ Other: |

| | |
|---|---|
| Do you keep updated antivirus software on your computers? | ○ Yes<br>○ No |
| Do all computers use a firewall? | ○ Yes<br>○ No |
| Do you perform IT audits?<br>*If yes, please supply financial institution with a copy of latest audit.* | ○ Yes<br>○ No |
| Do you have IT staff onsite? | ○ Yes<br>○ No |
| Do you offer VPN or remote access for staff? | ○ Yes<br>○ 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

_____        _____