



ACH ORIGATION 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 currently use our Business Internet Banking system? (required)	<input type="radio"/> Yes <input type="radio"/> No
--	---

Does your company currently use our Merchant Deposit services?	<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 _____

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)	<input type="radio"/> Credit Files <input type="radio"/> Debit Files
---	---

What type of software will you be using? (required)	<input type="radio"/> Third Party Software <input type="radio"/> Bank's Software
---	---

IT INFORMATION

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

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
