



THE TRUST BANK

Internet Banking and
Bill Pay Service
Application

* One User ID and Password will be generated per SS#

Date _____

Account #s (dda, sav, cd, loans)

Primary Account holder (Name, SS #, DOB)

Phone #(s) - Cell # _____ Home # _____ Work # _____

Street Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

E-mail Address: _____

*(Providing an e-mail address will expedite your setup. Also, by providing your e-mail address you are agreeing to receive information by e-mail from The Trust Bank.)

*We will NEVER ask for your private financial account information by e-mail.

Primary branch visited: Lenox _____ Adel _____ Moultrie _____

*For added security we will require you to give us a security code when inquiring on your account for internet banking purposes. At this time, please designate a confidential security code. It should be at least 6 but not more than 12 characters and should not be something easily known by others.

Security Code: _____

_____ I have read the Bank's Online Banking *Terms and Conditions*.

_____ Sign me up for FREE Internet Banking & Bill Pay.

_____ Tired of Paper? Ask for an E-Statement Only Sign-up Form.

Customer Signature

BANK USE ONLY

FDIC



Cavion ID #: _____ Issued by: _____ Date: _____ SP Verified by: _____ Date: _____

E-Statement Only by: _____ Date: _____ STAR Verified by: _____ Date: _____

1st Letter Mailed by: _____ Date: _____ Cell & Sec Code-MSG by: _____ Date: _____

2nd Letter: Mailed by: _____ or Emailed by: _____ Date: _____ Note in COM: _____