

**Border Capital Bank – Trust Division
Enrollment Form for Trust On-Line**

***Required information. Original application must be received by Trust Division.**

*Institution Name: _____

*Address: _____

*City/State: _____ *Zip Code: _____

*Phone No(s): _____ or _____

*E-mail Address: _____

*Trust Account Administrator Name: _____

Enter all account numbers to which you want access.

*Account No: _____ Account No: _____

Account No: _____ Account No: _____

Account No: _____ Account No: _____

Desired User ID: Choice #1 _____ Choice #2 _____

Choice #3 _____ Choice #4 _____

Minimum of 4 characters and maximum of 10 characters. If any or all of your user ID choices duplicates a currently active user ID, we will not be able to use it, and we will assign a user ID of our own creation.

The following information will be used for security purposes should you ever need to call in for technical support. To determine whether telephone instructions are genuine, any one or more of the requested information will require verification by you prior to acting on telephone instructions.

*A Childhood Nickname: _____

*Last 4 Digits of a Phone Number: _____

*Name of a Cartoon Character: _____

*Name of an Automobile Model: _____

I REPRESENT THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OF THIS AGREEMENT. I MAY TERMINATE ACCESS TO THIS SERVICE OR THE OPTION TO RECEIVE STATEMENTS ELECTRONICALLY AT ANY TIME PROVIDED I SUBMIT SUCH INSTRUCTIONS IN WRITING TO THE TRUST DIVISION.

By checking this box, I am indicating that I elect to turn off the receipt of paper statements and to start receiving my account statements online.

Add a page if there are additional signers.

Date: _____
Signature: _____
Printed Name of Signer: _____
Title/Capacity of Signer: _____
Customer Name: _____

Date: _____
Signature: _____
Printed Name of Signer: _____
Title/Capacity of Signer: _____
Customer Name: _____