



TrustReporter Application

To enroll in our FREE TrustReporter Service, please complete the application below, print, sign, date and mail to Clinton National Bank, Attn: Trust Department, 235 6th Avenue South, Clinton, Iowa 52732.

☐ **Yes, I would like to enroll in TrustReporter Online Access.**

Customer Information / Third Party

Last Name: _____ First Name: _____ MI: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Last four digits of Social Security number: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

The following people have my permission to view my account using their own ID & Password:
(Please complete an additional Application for each person listed below.)

1. _____ Please initial here: _____
2. _____ Please initial here: _____
3. _____ Please initial here: _____

Account numbers to which you would like TrustReporter Access:

1. _____ ☐ **I wish to receive Monthly Electronic Statements**
I understand I will receive a quarterly paper statement.
2. _____ ☐ **I wish to receive Monthly Electronic Statements**
I understand I will receive a quarterly paper statement.
3. _____ ☐ **I wish to receive Monthly Electronic Statements**
I understand I will receive a quarterly paper statement.

AUTHORIZATION

(If this is a joint account, all owners must sign this form before we can process the request)

I / We have read, understand, and agree to the Trust Online Agreement that govern the use of service. By signing below, you authorize Clinton National Bank to provide access to your Account and/or Statement(s) through this secure internet service.

Name: _____

Authorized Signature: _____

Name: _____

Authorized Signature: _____

Check one, ☐ Owner(s) ☐ Third Party ☐ Other (specify) _____

When your application has been processed, your login and password information will be mailed to the address we have on file.
For security reasons, TrustReporter login information can not be e-mailed. Incomplete applications will not be processed.

For Internal Use Only

Customer Verification: ☐ Known Customer ☐ Driver's License ☐ Other (specify) _____

Date Application Received: _____ Admin Approval: _____ Date Approved: _____

Contact Symbol: _____ User ID Assigned: _____ Password: _____