



## On-Line Agreement and Set Up Form

### Contact Information

Company Name:	Primary Contact:	
Address:		
Phone:	Fax:	E-mail:

I hereby authorize Triumph Bank to report the listed accounts via the Internet Banking Service, Triumph Bank e-corp. Furthermore, I have indicated the authorized users and their designated capabilities. I understand that for certain services, existing or other agreements may be applicable. By signing below, I certify that I am an authorized signor on the account(s) and have been authorized by the company to enter into this agreement. Passwords will be treated with the highest of security and will be safeguarded. Company indemnifies Triumph Bank for any losses related to claims alleging unauthorized use of the passwords. Company agrees to pay Triumph Bank the fees set forth in the commercial services fee schedule as established by the Bank from time to time.

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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Bank Use

Triumph Bank Officer		
Signature:	Date:	Print Name and Title:
Referred By:	Completed By:	




- \* Full Access - You will have the full access available on this account.
- \* View Only - You will be able to view balances and transactions.
- \* Deposit Only - You will be able to transfer funds into this account from other accounts with Full Access.  
You will not be able to view balance or transaction information.