



GTB Access Application

NOTE: Must be a Georgia Trust Bank customer to apply. Please complete application, sign, and return to the address below or directly to the bank. Forms are also available at the bank.

Account Owner/Signer Information

Please provide information for each account owner or signer on the account (s) that will be accessed through Online Banking.

*indicates a required field

*Name-Primary Account Owner/Signer

*Name-Primary Account Owner/Signer

*SSN

*SSN

*Mailing Address

*Email

*Mailing Address

User Id (at least 6 characters long)

*Email

Daytime Phone

User Id (at least 6 characters long)

*Date of birth

Daytime Phone

*Date of birth

*Account Number

For security and identification purposes please complete the following:

*City of birth _____

*County of birth _____

*Mothers maiden name _____

I (We, if joint account holder) have reviewed the "Online Banking Terms and Conditions Agreement" for Georgia Trust Bank and accept such terms and conditions. By using online financial services provided by Georgia Trust Bank, I/We agree to abide by the terms and conditions agreement.

Signature-Primary Account Owner/Signer

Signature-Joint Account Owner/Signer

Upon receipt of completed application, an Online Banking Welcome Letter will be mailed to the applicant (s) to the address on file with Georgia Trust Bank. This letter will include your first time logon instructions and temporary password.

Return Application to: GEORGIA TRUST BANK
PO Box 604
Buford, GA 30515

For Georgia Trust Bank use only:

Date Rec. _____ Port# _____ Line# _____ Date Processed _____ Processedby _____

